

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 07 HOSPITALS

Chapter 02 Comprehensive Care Facilities and Extended Care Facilities

Authority: *Health-General Article, §§19-308, 19-308.1, 19-323, and 19-1401 et seq.; Public Safety Article, §14-110.1; Annotated Code of Maryland*

Preface (text unchanged)

.01 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) (text unchanged)

[(1-1)] (2) "Administrator" means the individual licensed by the Board of Examiners of Nursing Home Administrators and responsible for the operation of the home.

[(2) "Ambulatory patients" means those patients residents who are not dependent upon others for assistance to travel to safety in an emergency, including those patients residents who can ambulate independently with assistive devices.]

[(3)] (4) "Attending physician" means any person licensed to practice medicine in the State who admits [patients] *residents* to the [facility] *facility*, with the understanding that [he] *the individual* must comply with the facility's policies as developed by the [patients] *residents* care policy committee.

[(4)] (5) "Audiologist" means a person who holds a [current] Maryland license issued by the Board of Audiologists, Hearing Aid Dealers, and Speech-Language Pathologists.

[(4-1)] (6) "Authorized prescriber" has the meaning stated in Health Occupations Article, §12-101, Annotated Code of Maryland.

(7) "*Behavioral Health*" includes *substance use disorders, addictive disorders, and mental disorders*.

[(10) "Dietetic service supervisor"]

(8) "*Certified dietary manager*" means a person who:

(a) Is a qualified dietitian; *or*

(b) Is a graduate of a *certified* dietetic technician program approved by the [American Dietetic Association] *Academy of Nutrition and Dietetics*; *or*

(c) [Is a certified dietary manager who has] *Has* successfully completed the required course and maintains certification as required by the certifying board for the [Dietary Managers Association] *Association of Nutrition and Foodservice Professionals*.

(d) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

Agency Note: The Department recognizes that a certified dietary manager also is a Certified Food Protection Professional (CFPP).

[(5)] (9) "Certified social worker" means any person licensed to practice as a certified social worker in this State.

[(5-1)] (10) "Charge nurse" means the registered or licensed practical nurse who is responsible for day-to-day operations of a unit in the facility on which residents live.

(11) *"Chemical restraints" means any drug that is used for discipline or convenience and not required to treat medical symptoms.*

[(5-3)] (13) "Comprehensive assessment" means the assessment that includes the Minimum Data Set and [resident] *the Care Area Assessment [protocol] Summary*.

[(6) Comprehensive care facility" means a facility which admits patients suffering from disease or disabilities or advanced age, requiring medical service and nursing service rendered by or under the supervision of a registered nurse.]

(14) *"Comprehensive care facility" means a facility that admits residents who have a disease or disability or advanced age, requiring medical service and nursing service rendered by or under the supervision of a registered nurse.*

[(6-1)] (15) "Concurrent review" means daily rounds by a licensed nurse which include:

(a) Appraisal and observation of all residents by the licensed nurse to determine any change in each resident's physical [or], *behavioral and* mental status;

(b) If there is a change in the resident's physical or mental status, an evaluation by the licensed nurse of the resident's medications, laboratory values relating to the resident and clinical data relating to the resident, including the resident's:

(i) Hydration and nutritional need;

(ii) Skin integrity;

(iii) Noted weight changes; and

(iv) Appetite;

(c) Evaluation of injuries sustained by the resident that result from [accidents or incidents] *an accident or incident* involving the resident; and

(d) Any other relevant parameters affecting or reflecting the resident's physical, *behavioral* and mental status.

(16) "Culture change facility" means the common name given to comprehensive nursing care facilities where physical environment and operational changes have been made to establish person-valued and person-directed care activities, and services.

[(7)] (17) "Deficiency" means a condition existing in a nursing facility or an action or inaction by the nursing facility staff that result in potential for more than minimal harm, actual harm, or serious and immediate threat to one or more residents.

[(7-1)] (18) "Demonstration project" means a method of providing care and services to residents that does not comply with all the regulations in this chapter but provides sufficient safeguards to protect the health and safety of residents.

[(8)] (19) "Dentist" means any person licensed to practice dentistry in this State.

[(9)] (20) "Department" means the State Department of Health and Mental Hygiene.

[(10)] "Dietetic service supervisor" means a person who:

(a) Is a qualified dietitian;

(b) Is a graduate of a dietetic technician program approved by the American Dietetic Association;

(c) Is a certified dietary manager who has successfully completed the required course and maintains certification as required by the certifying board for the Dietary Managers Association;

(d) Is a graduate of a State-approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian; or

(e) Has training and experience in food service supervision and management in a military service equivalent in content to §B (10) (b) and (d) in this regulation.]

[(11)] (21) "Discipline" means the medical, rehabilitative, nursing, dietetic, activities, and social service components affiliated with the operation of a comprehensive care facility.

(22) "Distinct part extended care facility" means a portion of a facility that is licensed as an extended care facility.

[(12)] "Extended care facility" means a facility which offers subacute care, providing treatment services for patients requiring inpatient care but who do not currently require continuous hospital services. A portion of a facility which is licensed as an extended care facility is called a distinct

part extended care facility. This facility admits patients who require convalescent or restorative services, or rehabilitative services, or patients with terminal disease requiring maximal nursing care.]

(23) *"Extended care facility" means a facility that:*

(a) *Offers sub acute care, providing treatment services for residents who require inpatient care but who do not currently require continuous hospital services; and*

(b) *A portion of a facility that is licensed as an extended care facility is called a distinct part extended care facility. This facility admits residents who require convalescent or restorative services or rehabilitative services or residents with terminal disease requiring maximal nursing care.*

[(13)] (24) "Fire authorities" means the official fire safety [agency] agency, including the State Fire Marshal or local fire marshals or fire departments as appropriate.

[(13-1)] (25) "Full assessment" means the Minimum Data Set without the [Resident] Care Area Assessment [Protocol] Summary (CAA summary).

[(14)] (26) "Full time" means 40 hours per week or the standard work week adopted by the facility.

[(15)] "Geriatric nursing assistant" means a nurses' aide, patient care technician, orderly, attendant, or other supportive personnel assigned to the facility to perform patient care tasks under the direction and immediate supervision of a licensed nurse. The geriatric nursing assistant shall have successfully completed a geriatric nursing assistant training program approved by the Department.]

(27) *"Geriatric nursing assistant" means a nurse's aide, resident care technician, orderly, attendant, or other supportive personnel as defined by the Board of Nursing:*

(a) *Who is assigned to the facility to perform resident care tasks under the direction and immediate supervision of a licensed nurse; and*

(b) *Who has successfully completed a geriatric nursing assistant training program approved by the Department.*

[(16)] (28) "Graduate social worker" means any person licensed to practice as a graduate social worker in this State.

[(16-1)] (29) "Grant" means the award of money to an individual or an organization to:

(a) Study an aspect for the geriatric population; or

(b) Provide a service to nursing facility residents or their families.

[(16-2)] (30) "Health care practitioner" means an individual who provides health care services and is licensed under the Health Occupations Article, Annotated Code of Maryland.

[(16-3)] (31) "Health officer" means the health officer in each of the 23 counties and the Commissioner of Health in Baltimore City, or the designated representative of the health officer, or both.

(32) *"Infection preventionist" means a licensed healthcare worker who:*

(a) Has completed a minimum of 15 contact hours of infection prevention and control training that is approved by the Department's Office Infectious Disease Epidemiology and Outbreak Response and the Office of Health Care Quality; and

(b) Actively manages the infection prevention and control program in the facility.

[(17)] (33) "Licensed practical nurse" means a person who holds a license to practice licensed practical nursing in this State.

[(17-1)] (34) "Licensed or certified professional health care practitioner" means a nurse practitioner, physician assistant, or other practitioner licensed or certified under the Health Occupations Article, Annotated Code of Maryland.

[(17-2)] (35) "Management firm" means an organization, under contract with an applicant for a license or a current licensee, that is intended to have or has full responsibility and control for the day-to-day operations of the nursing facility.

[(18)] (36) "Mantoux tuberculin skin test" means a test to diagnose tuberculosis infection [utilizing 5TU (tuberculin units) of] *using* purified protein derivative (PPD) that is injected intradermally and read within [48—72] 48-72 hours with results recorded in millimeters of induration.

[(18-1)] (37) "Maryland Monthly Assessment" means the assessment required by the Office of Access, Quality, and Program Integrity of the Department as an ongoing monitoring tool of the resident's status.

[(19)] (38) "Medical director" means any person licensed to practice medicine in this State who, pursuant to a written agreement, is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to[patients] *residents* and to maintain surveillance of the health status of employees.

[(20)] (39) "Medicine aide" means a person who has successfully completed the 60-hour Department of Health and Mental Hygiene approved community college course and has further satisfied, where applicable, the continuing education requirements.

[(20-1)] (40) "Minimum Data Assessment" means the Resident Assessment Instrument for Long Term Care Facilities, Transmittal No. 272, April [1995] 1995, and Transmittal No. 22, December 2000, U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services.

[(20-2)] (41) "[Minimum data set] *Minimum Data Set*" means a core set of screening, clinical and functional status elements, including common definitions and coding categories, that forms the foundation of the comprehensive assessment for all residents of [long term] *long-term* care facilities certified to participate in Medicare or Medicaid.

[(20-3)] (42) "Minimum [data set quarterly assessment] *Data Set Quarterly Assessment*" means the assessment that is completed [on] *for* each resident not later than 92 days from the prior assessment.

[(21) "New facility" means a comprehensive care facility or an extended care facility which does not have plans approved by the Department at the time of the adoption of these regulations. Any conversion, alteration, or additions which affect the facility's functional structure or bed capacity shall be constructed in accordance with these regulations, including the regulations which apply to "new facilities".]

(43) "*New facility*" means a comprehensive care facility or an extended care facility that does not have plans approved by the Department at the time of the adoption of these regulations. Any conversion, alteration, or addition that affects the facility's functional structure or bed capacity shall be constructed in accordance with these regulations, including the regulations that apply to "new facilities".

[(22) "Nonambulatory patients " means those who are dependent upon others for assistance to travel to safety in an emergency and those persons *residents* who are unable to ambulate independently with assistive devices.]

[(23)] (44) "Nonrelated individual" has the meaning stated in Health-General Article, §19-301(k), Annotated Code of Maryland.

(45) "*Nurse*" means an LPN or RN licensed in the state.

[(23-1)] (46) "Nurse practitioner" has the meaning stated in Health Occupations Article, Title 8, Annotated Code of Maryland.

[(24)] (47) "Nursing care" has the meaning stated in Health-General Article, §19-301(g), Annotated Code of Maryland.

[(25)] (48) "Nursing facility" means a facility other than a facility offering domiciliary or personal care as defined in Health-General Article, Title 19, Subtitle 3, Annotated Code of Maryland, which offers nonacute inpatient care to [patients suffering from a disease, condition, disability or advanced age, or terminal disease] *residents who have a disease, condition, disability, or advanced age or terminal disease* requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent services, restorative services, or rehabilitative services.

(49) "*Nursing service personnel*" means staff licensed or certified by the Maryland Board of Nursing.

[(26)] (50) "Occupational therapist" means a person who is currently [certified] *licensed* by the [American] *Board of Occupational Therapy [Association (AOTA)] Practice* as a registered occupational therapist (OTR).

[(27)] (51) "Occupational therapy assistant" means a person who is currently [certified] *licensed* by the [AOTA] *Board of Occupational Therapy Practice* as an occupational therapy assistant (OTA).

[27-1] (52) "Ongoing pattern" means the occurrence of any potential for more than minimal harm or greater deficiency on two consecutive on-site visits as a result of annual surveys, follow-up visits and unscheduled visits, or complaint investigations.

[(28)] (53) "Other qualified person" means a person who is eligible for registration under the requirements set by the American Dietetic Association or has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has 1 year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

[(28-1)] (54) "Paid feeding assistant" means an individual who:

- (a) Meets the requirements of Regulation .41E of this chapter; and
- (b) Is paid by a facility to feed residents who are unable to perform the task themselves.

[(29)] "Patient" means "patient" as defined in Article 43, §556(g), Annotated Code of Maryland.]

[(30)] "Patient activities consultant" means a person who is a qualified:]

[(a)] Therapeutic recreation specialist;]

[(b)] Occupational therapist; or]

[(c)] Occupational therapy assistant.]

[(31)] "Patient activities coordinator" means a person who:]

[(a)] Is a qualified therapeutic recreation specialist;]

[(b)] Is a qualified occupational therapist;]

[(c)] Is an occupational therapy assistant; or]

[(d)] Has 2 years of experience in a social or recreational program in a licensed health care setting within the last 5 years, 1 year of which was full time in a patient activities program with guidance from a qualified consultant in a health care setting.]

[(31-1)] (55) "Per instance civil money penalty" means a civil money penalty imposed for each deficiency.

[(32)] (56) "Person" has the meaning stated in Health-General Article, §19-301(h), Annotated Code of Maryland.

[(33)] (57) "Pharmacist" means any person licensed to practice pharmacy in this State.

(58) *"Physical restraints" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.*

[(34)] (59) "Physical therapist" means any person licensed to practice physical therapy by the [State] Board of Physical Therapy Examiners.

[(35)] (60) "Physical therapist assistant" means any person licensed as such by the [State] Board of Physical Therapy Examiners.

[(36)] (61) "Physician" means any person licensed to practice medicine in this State.

[(36-1)] (62) "Physician assistant" has the meaning stated in Health Occupations Article, Title 15, Annotated Code of Maryland.

[(36-2)] (63) "Plan of correction" means a written response from the comprehensive or extended care facility addressing each deficiency cited as a result of an inspection by the Department.

[(37)] (64) "Podiatric assistant" means any person registered as such by the [State] Board of Podiatry Examiners.

[(38)] (65) "Podiatrist" means any person licensed by the [State] Board of Podiatry Medical Examiners.

[(38)-1] (66) "Positive tuberculin skin test"[means the presence of palpable induration of:] *as defined in Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005, which is incorporated by reference in Regulation .01-2 of this chapter.*

[(a) 5 millimeters or more in diameter for individuals:]

[(i) Known to have or suspected of having HIV infection,]

[(ii) Who are close contacts of an individual with infectious tuberculosis disease,]

[(iii) With X-ray or clinical evidence of active tuberculosis disease,]

[(iv) Who have a chest radiograph suggestive of previous disease, or]

[(v) Who have a history of injecting illicit drugs if HIV status is unknown; or]

[(b) 10 millimeters or more in diameter for:]

[(i) All individuals not included in §B (38-1) (a) of this regulation,]

[(ii) Risk groups that are defined in Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994, Table S2-1, pages 62—63, which is incorporated by reference in Regulation .01-1 of this chapter, and]

[(iii) Health care workers.]

[(38-2)] (67) "Potential for more than minimal harm deficiency" means a condition existing in a nursing facility or an action or inaction by the nursing facility staff that has the potential to cause actual harm to a resident.

[(39)] (68) "Principal physician" means any person licensed to practice medicine in this State who agrees to perform certain medical services under contract with a comprehensive care facility, consistent with the policies of the facility.

[(40)] (69) "PRN" means an abbreviation for the phrase "as circumstances may require".

[(41) "Protective device" means any device or equipment, except bed side rails, which shields a patient from self-injury, or prevents a patient from aggravating an existing physical problem, or prevents a patient from precipitating a potential physical problem, and may limit, but does not eliminate, the movement of the patient head, body, or limbs.]

(70) "Protective device" means any device or equipment:

(a) That:

(i) Shields a resident from self-injury;

(ii) Prevents a resident from aggravating an existing physical problem; or

(iii) Prevents a resident from precipitating a potential physical problem;

(b) That may limit, but does not eliminate, the movement of the resident's head, body, or limbs; and

(c) That is prescribed by a physician.

[(42)] (71) "Psychologist" means a person who is certified by the [State] Board of Examiners of Psychologists to practice in this State.

[(43)] (72) "Qualified medical record practitioner" means a person who:

(a) Has received a baccalaureate degree from an accredited college or university including or supplemented by a successful completion of a course in health record administration approved by the Council on Medical Education of the American Medical Association[,] and has passed the national registration examination for registered record administrators; or

(b) Possesses an associated arts degree in health record technology from a college or university approved by the American Medical Association Council on Medical Education or an equivalent approved health record technology correspondence course of the American Medical Record

Association, and [in addition] has passed the national accreditation examination for accredited record technicians.

[(44)] (73) "Qualified social work consultant" means any person who:

(a) Is a certified social worker; and

(b) Has a minimum of 3 [years'] *years* experience in social work programs in a long-term care setting within the last 5 years.

[(45)] (74) "Registered dietitian" means a dietitian who has met the certifying requirements for registration as administered by the Commission on Dietetic Registration [,] and who maintains the continuing education requirements of registration.

[(46)] (75) "Registered nurse" means [a person who holds a license] *any person licensed* to practice as a registered nurse in this State.

[(46-1)] (76) "Representative" means an individual referenced in Regulation .08-1 of this chapter.

(77) *"Resident" means an individual residing in the facility who receives nursing services rendered by or under the supervision of a registered nurse.*

(78) *"Resident activities consultant" means a person who is a qualified:*

(a) *Therapeutic recreation specialist;*

(b) *Occupational therapist; or*

(c) *Occupational therapy assistant.*

(79) *"Resident activities coordinator" means a person who:*

(a) *Is a qualified therapeutic recreation specialist;*

(b) *Is a qualified occupational therapist;*

(c) *Is an occupational therapy assistant; or*

(d) *Has 2 years of experience in a social or recreational program in a licensed health care setting within the last 5 years, 1 year of which was full time in a resident activities program with guidance from a qualified consultant in a health care setting.*

[(46-2)] (80) "Resident Assessment Instrument (RAI)" means the total of [the two parts of the document referred to as the MDS and the RAPS, which together are the model for resident assessment, decision-making (RAPS), care planning, care plan implementation, and evaluation.] *three basic components, which are the Minimum Data Set, the Care Area Assessment Process, and the RAI utilization guidelines.*

[(46-3)] "Resident Assessment Protocol Summary (RAPS)" means the portion of the resident assessment instrument that is the problem-oriented framework for the decision-making process of care planning.]

[(47)] (81) "Restraint" means any physical or chemical restraint as defined below:

[(a)] "Physical restraint" means the use of force to prevent, suppress, or control head, body, or limb movement in a patient who is actively physically aggressive or combative or both in order to protect the patient from injuring himself or others;]

(a) "Physical Restraints" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body;

[(b)] "Chemical restraint" means the administration of drugs with the intent of curtailing significantly the normal mobility or normal physical activity of a patient in order to protect the patient from injuring himself or others.]

(b) "Chemical Restraints" means any drug that is used for discipline or convenience and not required to treat medical symptoms.

(82) "RN" means a registered nurse licensed in the state.

[(48)] (83) "Secretary" means the Secretary of Health and Mental Hygiene.

[(49)] (84) "Serious and immediate threat" means a situation in which immediate corrective action is necessary because a deficiency has caused or is likely to cause serious injury, harm, impairment to[,] or death of a resident receiving care in the nursing facility.

[(49-1)] (85) "Significant change assessment" means an assessment that is completed [on] for a resident who has demonstrated:

(a) Major changes in status that are not self limiting or [which] that cannot be resolved within 14 days;

(b) — (c) (text unchanged)

[(50)] (86) "Social work associate" means any person licensed to practice as a social work associate in this State.

[(50-1)] (87) "Special care unit" means a facility unit that provides intensive specialized care, such as respiratory, rehabilitative, dementia, or dialysis care, continuously on a 24-hour basis.

[(51)] (88) "Speech pathologist" means a person licensed by the Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists.

[(52)] (89) "Supportive personnel" means an aide, assigned to a particular service such as nursing, dietary, physical therapy, or occupational therapy, who has been approved by the chief of the services as having sufficient training and experience to perform [his] *the* assigned duties.

[(52-1)] (90) "Sustained compliance" means a period of 30 calendar days following the date of notice of corrective action with no deficiencies.

[(53)] (91) "Tuberculosis in a Communicable Form" *means:*

(a) (text unchanged)

(b) "Tuberculosis in a communicable form" does not include:

(i) When the individual [with presumed or confirmed active disease] *who has presumed or confirmed active disease*, has had three negative AFB smears[at least] , *collected* [8—24] 8-24 hours apart, shows clinical improvement, and has received chemotherapy *to which the strain is susceptible* for at least 14 days; or

(ii) The individual [with] *who has* inactive scars, calcification, or a normal chest X-ray.

[(54)] "Tuberculosis suspect" means an individual who has a cough lasting more than 3 weeks and at least one other symptom that is compatible with active tuberculosis including bloody sputum, night sweats, weight loss, or fever.]

[(55)] (92) "Two-step tuberculin skin testing" means the administration of a second tuberculin skin test 1 to 3 weeks after the initial [PPD] *skin test* is negative, to distinguish a boosted reaction from a reaction that is due to new infection.

.01-1 Incorporation by Reference

A. (text unchanged)

B. Documents Incorporated.

[(1)] Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 1994 (MMWR 1994; 43 No. RR-13; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).]

[(2)] Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); (MMWR 1997; 46 No. RR-18; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia).]

(1) *Guideline's for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (MMWR 2005; 54 No. RR – 17; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).*

(2) *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)* (MMWR 2011; 60 No. RR-07; U.S. Centers for Disease Control and Prevention (CDC) Atlanta, Georgia).

(3) Guideline for Infection Control in Health Care Personnel, 1998; Elizabeth A. Bolyard, Ofelia C. Tablan, Walter W. Williams, Michele L. Pearson, Craig N. Shapiro, Scott D. Deitchman and the Hospital Infection Control Practices Advisory Committee; (American Journal of Infection Control 1998; 26:[289—354] 289-354) and Infection Control and Hospital Epidemiology (1998; 19:[407—63] 407-63).

[(4) Guideline for Isolation Precautions in Hospitals; Julia S. Garner and the Hospital Infection Control Practices Advisory Committee; (American Journal of Infection Control 1996; 24: (1); 37pp.)]

(4) *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* 2007, (U.S. Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), June 2007).

(5) *Guideline for Hand Hygiene in Health-Care Settings*, 2002 (MMWR 2002; 51 No. RR-16; U.S. Centers for Disease Control and Prevention (CDC); Atlanta, Georgia).

(6) *Management of Multidrug-Resistant Organisms in Healthcare Settings*, 2006 (U.S. centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), December 2006).

(7) *ACIP Recommendations for Measles-Mumps-Rubella (MMR) 'Evidence of Immunity' Requirements for Healthcare Personnel* (U.S. Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices, August, 2009).

(8) *Guidelines for Animal Assisted Intervention in Health Care Facilities*; Sandra L. Lefebver et al; Association for Professional in Infection Control and Epidemiology , inc., 2008; pages 74 to 85

.02 License Required. (text unchanged)

.03 Licensing Procedure. (text unchanged)

.03-1 Licensed Bed Capacity. (text unchanged)

.04 Rights of Applicant if License Denied or Revoked. (text unchanged)

.05 Inspection by Secretary of Health and Mental Hygiene. (text unchanged)

.06 New Construction, Conversion, Alteration, or Addition.

[A. Submission of Plans. The plans review cycle normally will consist of a schematic phase, a design and development phase, and a final or construction phase. The applicant or [his] *the* designated representative shall provide information as required in the plans review cycle.]

[B. Service Facilities. A system of water supply, plumbing, sewerage, electrical power, garbage or refuse disposal may not be installed or extended until complete plans and specifications have been submitted and approved in accordance with §A of this regulation.]

A. A new comprehensive care facility shall satisfy the review of the Maryland Health Care Commission for the establishment of new facilities, increase or decrease in capacity of existing facilities. After obtaining approval by the Maryland Health Care Commission, the facility shall provide verification of the approval to the Secretary and to the Office of Health Care Quality in writing and as described in §C of this regulation."

B. An existing facility that wishes to convert, alter, modify, or add to the existing infrastructure shall notify the Office of Health Care Quality in writing.

C. The notification shall include all details of the proposed facility changes, and shall include:

(1) Verification that local and State governmental authorities have reviewed the project, issued all required permits, and have been provided with plans or specifications as the local and State governmental authorities direct; and

(2) Written plans that describe how all residents, staff, and the general public will be kept safe during the duration of the project.

D. The Secretary and the Office of Health Care Quality may direct the facility to provide additional information related to projects involving the conversion, alteration, or modification of an existing comprehensive care facility. The administration of the facility shall provide such information as requested.

E. The facility shall provide the Office of Health Care Quality with documentation that verifies that all applicable local and State governmental authorities have approved of work that was conducted. This documentation may include, but is not limited to, permits, Use and Occupancy permits, and reports from testing of building systems.

.07 Administration and Resident Care.

A. — C. (text unchanged)

D. Excessive Absenteeism of Administrator. If the administrator is absent from the facility an excessive amount of time and the Department determines that the [director of nursing's] *administrator's* absence from nursing service is having an adverse effect on [patient] *resident* care[;], the Department may require the designation of a specific registered nurse who shall be named the "assistant director of nursing". The Department shall be notified of the name of the assistant director of nursing. When the designee is replaced, the Department shall be notified of the name of the registered nurse filling the vacancy.

E. Character. The administrator shall be of good moral character, *be* in good physical and mental health, and [shall] demonstrate a genuine interest in the well-being and welfare of [patients] *residents* in the facility.

F. Staffing.

(1) The administrator shall employ sufficient and satisfactory personnel as specified in this chapter to give adequate [patient] *resident* care and assisting residents to eat, maintenance, cleaning, and housekeeping.

(2) A facility may request a "voluntary admissions ceiling" by submitting a written request to the Department to authorize a temporary restriction on [patient] *resident* admissions based [upon] *on* anticipated bed usage. When the facility wishes to request that the restriction be removed, the request shall include the specific effective date and a statement that personnel staffing is sufficient to meet the State's requirements at the designated census figure. The Department shall approve the increase in beds within 72 hours following receipt of the facility's documentation that the required additional staff is "in place" to serve the increased number of beds. Management of the facility may not permit the [patient] *resident* census to exceed the admissions ceiling without prior approval from the Department.

[(3) As requested by the Department, the administrator or his designee shall telephone the Department's central bed registry, advising the Department of:]

[(a) The number of vacant licensed beds in the facility;b]

[(b) The levels of care of the beds reported vacant;]

[(c) The types of patients who will be accepted —private, Medicare, or Medicaid.]

G. Educational Program. An ongoing educational program shall be planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled. Records shall be maintained reflecting attendance, by name and title, and training content. In-service training shall include at least:

(1) (text unchanged)

(2) Fire prevention programs and [patient] *resident* related safety procedures in emergency situations or conditions;

(3) (text unchanged)

(4) Confidentiality of [patient] *resident* information;

(5) Preservation of [patient] *resident* dignity, including protection of the [patient's] *resident's* privacy and personal and property rights;

(6)— (8) (text unchanged)

H. Employment Records. A written application shall be on file for each employee and shall contain:

- (1) Employee's [social security] *Social Security* number;
- (2) Home address;
- (3) Educational background;
- (4) Past employment with documentation that references have been considered by the facility. If the employee formerly worked in a nursing home, consideration shall be given to the record as it relates to abuse of [patients] *residents*, theft, and fires;
- (5) (text unchanged)
- (6) *Proof of criminal background check.*

I. (text unchanged)

J. New Supportive Personnel. New supportive personnel shall be credited for 50 percent of their working time until the employee's orientation program, as approved by the Department, is completed. The person in charge of the service to which the employee is assigned shall have input into the contents of the orientation program. Policies for the orientation program shall include the number of hours of orientation required for the various levels of supportive personnel. Following the period of [orientation] *orientation*, the person responsible for the orientation program and the person in charge of the service shall indicate satisfactory completion of the orientation program of the employee. The responsible department's approval shall be in writing, signed by the appropriate department head whose license number, if applicable shall be recorded in the record. In new [facilities] *facilities*, the director of nursing and supervisors of the [various services, dietary, housekeeping, rehabilitation, and social services] *various services (dietary, housekeeping, rehabilitation, and social services)*, shall be responsible for orienting the new supportive personnel to the facility's policies and procedures and to the physical plant. There shall be a complete orientation for all the employees in life safety and disaster preparedness. The number of daily admissions of [patients] *residents* shall be controlled to allow sufficient time for on-the-job training. Before the opening of the facility all supportive personnel shall have a minimum of 2 days of orientation training.

K.—L. (text unchanged)

M. *Employees and any other individual who provides a health care service within or on the premises of the facility shall wear a personal identification tag, except where inappropriate for safety reason that:*

- (1) *States the name of the individual;*
- (2) *States the profession or other title of the individual;*
- (3) *Is in at least 16 point font size; and*

(4) *Is in an approved sans-serif font according to the Americans with Disabilities Act*

.07-1 Employee Training on Cognitive Impairment and Mental Illness (text unchanged)

.08 Admission and Discharge.

A. Discrimination Prohibited. A facility licensed under these regulations may not discriminate in admitting or providing care to an individual because of the race, color, national origin, *sexual orientation*, *gender identity*, or physical or mental handicap of the individual.

B. Contract. Before or at admission, a contract shall be executed by the administrator and [patient,] *resident*, guardian, or responsible agency which is consistent with the requirements of Health-General Article, § 19-344, Annotated Code of Maryland, "Rights of Individuals".

C. Registry. Facilities shall maintain a permanent [patient] *resident* registry in which the name of each [patient] *resident* is entered in chronological order with the date and number of entry.

D. (text unchanged)

E. Notification of Responsible Persons When [Patient] *Resident* Moves. The administrator or the administrator's designee shall notify the private or public agency or [relative responsible for the [patient] *resident* or *responsible party and persons designated by the resident* when the [patient] *resident* is transferred from the facility for any reason or at time of death. The attending physician shall also be notified.

F. Restrictions on Admission and Retention of [Patients] *Residents*. [Patients] *Residents* may not be admitted or retained if, in the judgment of the attending physician, they are:

(1)— (2) (text unchanged)

[G. Admissions Procedures for Patients with Communicable Diseases. The following procedures are to be used when admitting an individual with a communicable disease into a nursing facility:]

[(1)— (3)]

.09 Resident Care Policies.

A. (text unchanged)

(1) Admission, transfer, and discharge policies including categories of [patients] *residents* accepted and not accepted by the facility, or those who are required to transfer to another level of care. The facility's admission policy shall include a statement as to whether or not [medical assistance] *Medical Assistance* [patients] *residents* will be admitted [and if] *and, if* admitted, under what circumstances.

(2) (text unchanged)

(3) [Patients'] *Residents'* rights.

(4)— (10) (text unchanged)

(11) [Patient] *Resident* activities.

(12)— (18) (text unchanged)

(19) [Patient] *Resident* care management.

(20) *Behavioral Health Services*

B. The [patient] *resident* care policies shall be developed with the advice of the principal physician (or medical staff or medical director, if applicable) [,] and at least one registered nurse. Policies shall be reviewed at least annually by a group of professional personnel including one or more physicians and one or more registered nurses. Written policies shall be kept current with the policies used to administer the facility. For reference purposes, copies of the [patient] *resident* care policies shall be readily available to all personnel responsible for [patient] *resident* care.

C. (text unchanged)

D. (text unchanged)

(1)— (3) (text unchanged)

(4) A [patient] *resident* in a protective device or devices shall be observed periodically by personnel, to [insure] *ensure* that the [patient's] *resident's* health needs are met.

(5) A [patient] *resident* who is in a protective device or devices may not be left in the same postural position for more than 2 consecutive hours.

.10 Physician Services.

A.—F. (text unchanged)

G. Appropriate Care of Residents. The attending physician shall:

(1) — (8) (text unchanged)

(9) *Properly refer residents to specialty services and providers when the care needs of the resident exceed the scope of the attending physicians practice.*

H.—I. (text unchanged)

.11 Medical Director Qualifications. (text unchanged)

.11-1 Medical Director Responsibilities. (text unchanged)

.11-2 Facility's Responsibilities in Relation to the Facility's Medical Director

A.—B. (text unchange)

C. When the attending physician and medical director agree that a particular facility-developed protocol is required to ensure that quality medical care is delivered to the facility's residents, that protocol shall be implemented unless the facility documents in the facility's [patient] *resident* care committee minutes the reason or reasons why the protocol should not be implemented.

D. (text unchanged)

(1)—(2) (text unchanged)

.12 Nursing Services.

A. Organization, Policies, and Procedures. Nursing service shall provide the care appropriate to the [patients'] *residents'* needs with the organizational plan, authority, functions, and duties clearly defined. Nurses and supportive personnel shall be chosen for their training, experience, and ability. Policies and procedures shall be adopted and made available to all nursing personnel.

B. Director of Nursing. The facility shall provide for an organized nursing service, under the direction of a full-time registered *nurse*. [nurse except that a licensed practical nurse serving as director of nursing as of the effective date of these regulations may continue to serve as director of nursing in the comprehensive care facility in which employed. Upon departure of the licensed practical nurse, the successor shall be a registered nurse. If the director of nursing is a licensed practical nurse, there shall be sufficient hours of consultation with the licensed practical nurse from a registered nurse to assess and plan the patient care, to evaluate the outcomes of the services provided, and to initiate reassessment and replanning.]

C. Signed Agreement.

(1) A signed copy of the agreement between the [administrator] *comprehensive care facility* and the director of nursing, showing the license number, shall be filed with the Department upon:

(a)—(b) (text unchanged)

(2) The agreement shall specify the duties of the [director] *Director* of [nursing] *Nursing*.

D. Termination of Services of Director of Nursing. If the director of nursing terminates [his] services, the [administrator] *comprehensive care facility* immediately shall notify the Department of the termination. The name of the replacement and registration number shall be supplied to the Department as soon as the employment is effected. A copy of the agreement between the [administrator] *comprehensive care facility* and the replacement shall be sent to the Department.

E. (text unchanged)

F. Relief for Director of Nursing. When the director of nursing is absent, [he] *the individual* shall designate an experienced, qualified registered nurse to direct the nursing service. In facilities in which the director of nursing serves as relief for the administrator, the director of nursing shall

designate a specific registered nurse who shall be in charge of the nursing service. See Regulation [.07C] .07(C), of this regulation.

G. Responsibilities of the Director of Nursing. The responsibilities of the director of nursing shall include:

(1)— (2) (text unchanged)

(3) Planning for the total nursing needs of [patient] *residents* to be met and recommending the assignment of a sufficient number of supervisory and supportive personnel for each tour of duty;

(4) (text unchanged)

(5) Participation in the coordination of [patient] *resident* services through appropriate staff committee meetings (pharmacy, infection control, [patient] *resident* care policies, and [utilization review] *quality assurance programs*) and departmental meetings;

(6) (text unchanged)

(7) [Ensurance] *Assurance* that the philosophy and objectives are understood and practiced by nursing personnel;

(8)— (9) (text unchanged)

(10) Execution of [patient] *resident* care policies (unless delegated to principal physician, medical director);

(11) Participation in the selection of prospective admissions to ensure that *the* facility's staff is capable of meeting the needs of all residents admitted;

(12) Coordination of the interdisciplinary [patient] *resident* care management efforts; *and*

(13) Supervision of medicine aides to ensure that there is no deviation from the limitations and restrictions placed [upon] *on* them.

H. (text unchanged)

I. Supervisory Personnel—Comprehensive Care Facilities.

(1) Comprehensive care facilities shall provide at least the following supervisory personnel:

[Patient] <i>Resident</i>	<i>Registered Nurses</i>
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(a) 2—99	<i>One—full-time</i>
(b) 100—199	<i>Two—full-time</i>
(c) 200—299	<i>Three—full-time</i>
(d) 300—399	<i>Four—full-time</i>

(2) (text unchanged)

J. Hours of Bedside Care—Comprehensive Care Facility. Comprehensive care facilities shall employ supervisory personnel and a sufficient number of supportive personnel, [trained and experienced, or both,] to provide a minimum of [2] 3 hours of bedside care per licensed bed per day, 7 days per week. Bedside hours include the care provided by registered nurses, licensed practical nurses, and supportive personnel [except that ward clerks' time shall be computed at 50 percent of the time provided in the nursing unit]. Only those hours which the director of nursing spends in bedside care may be counted in the [2] 3 -hour minimal requirement. The director of nursing's time counted in bedside care shall be documented.

K. Exception for Facilities Which Do Not Participate in a Federal Program. Facilities with 40 or fewer beds which do not participate in a federal program may request the Department for an exception to the above staffing pattern. If in the public interest and there is no hazard to the [patients] residents, the Department may grant an exception based on information which includes the:

(1) — (3) (text unchanged)

(4) Existing staffing pattern of the facility; and

(5) (text unchanged)

L. Staffing in [Extended Care Facility] *Comprehensive Care Facility*. [Extended care facilities] *Comprehensive Care Facilities* shall be staffed with a registered nurse, 24 hours per day [,] and 7 days per week. Additional registered nurses, licensed practical nurses, and supportive personnel shall be employed to meet the needs of all the [patients] residents admitted. The facility shall be staffed in accordance with guidelines established by the Department.

M. Staffing in Distinct Part [Extended Care Facility] *Comprehensive Care Facility*. In multi-level facilities the director of nursing shall be in charge of the entire facility. A registered nurse at all times shall be in charge of a distinct part extended care facility. Additional registered nurses, licensed practical nurses, and supportive personnel shall be employed to meet the needs of all the [patients] residents admitted. The distinct part shall be staffed in accordance with guidelines established by the Department.

N. Nursing Service Personnel on Duty. The ratio of nursing service personnel on duty providing bedside care to [patient] resident may not at any time be less than one to [25 of] 15. [or fraction thereof].

O. Nursing Care—24 Hours a Day. There shall be sufficient licensed [and supportive] nursing service personnel *and supportive personnel* on duty 24 hours a day to provide appropriate bedside care to assure that each [patient] *resident*:

(1) — (6) (text unchanged)

(7) *Receives prompt and appropriate responses to requests for help, call bells and alarms.*

(8) *Assistance by Nursing Personnel. Nursing Personnel shall assist the resident in carrying out routine dental hygiene.*

P. Daily Rounds—Director of Nursing. Although daily rounds are primarily the responsibility of the charge nurse or nurses, the director or assistant director of nursing should make clinical rounds to nursing units, randomly reviewing clinical records, medication orders, [patient] *resident* care plans, staff assignments, and visiting [patients] *residents*. If indicated, the director or assistant director of nursing should accompany physicians visiting [patient] *resident*.

Q. (text unchanged)

R. Charge Nurses' Daily Rounds. The charge nurse or nurses shall make daily rounds to all nursing units for which responsible, performing such functions as:

(1) — (2) (text unchanged)

(3) To the degree possible, accompanying physicians when visiting [patients] *residents*.

S. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each [patient] *resident* to achieve and maintain [his] *the individual's* highest level of independent function including activities of daily living. This program shall include:

(1) (text unchanged)

(2) Maintaining good body alignment and proper positioning of bedfast [patients] *residents*;

(3) Encouraging and assisting [patients] *residents* to change positions at least every 2 hours to stimulate circulation and prevent [decubiti] *decubitus ulcers* and deformities;

(4) Encouraging and assisting [patients] *residents* to keep active and out of bed for reasonable periods of time, within the limitations permitted by physicians' orders, and encouraging [patients] *residents* to *engage in resident chosen community and independent activities and* achieve independence [in activities]; and

(5) Assisting [patients] *residents* to adjust to their disabilities, [to] *ensuring availability and* use of their prosthetic and assistive devices, and to redirect their interests, if necessary.

T. Coordination of Nursing and Dietetic Services. Nursing and dietetic services shall establish an effective policy to assure that:

(1) Nursing personnel are aware of the nutritional needs and food and fluid intake of [patients] *residents* and ensure that special [feedings] *meals* and nourishment are provided when required;

(2) *Residents food choices and preferences are honored as much as practical;*

[2] (3) Nursing personnel [assist] *aid* promptly when necessary in the [feeding of patients] *assisting of residents to eat*;

[3] (4) The dietetic service is informed of physicians' diet orders and of [patients'] *residents'* problems;

[4] (5) Food and fluid intake of [patients] *residents* is observed, and deviations from normal are recorded and reported to the:

(a) — (c) (text unchanged)

U. (text unchanged)

V. Director of Nursing's Continuing Education. The director of nursing shall assume responsibility for maintaining [his own] *the* professional competence through participation in programs of continuing education.

W. Responsibility to Report Care Which is Considered Questionable. If a nurse has any reason to doubt or question the care provided to any [patient] *resident* or believes that appropriate consultation is needed and has not been obtained, the nurse shall call this to the attention of the supervisor who, in turn, shall, if indicated, refer the matter to the director of nursing services. If warranted, the director of nursing shall bring the matter to the attention of the principal physician or medical director, as applicable.

.13 Dietetic Services

A. (text unchanged)

B. Supervision.

[(1) In facilities exceeding 50 beds, overall supervisory responsibilities for the dietetic service shall be assigned to a full-time qualified dietetic service supervisor. It shall be the responsibility of the supervisor to delegate relief duties to a person qualified to serve as relief. (See Supportive Personnel, Regulation .07J, of this chapter.)]

(1) In facilities with more than 50 beds, overall supervisory responsibilities for the food service department and food production shall be assigned to a full-time certified dietary manager. It shall be the responsibility of the certified dietary manager to delegate relief duties to a person qualified to serve as relief. See Supportive Personnel, Regulation .07(J), of this chapter.

(2) In facilities with [26 — 50 beds] *50 or fewer beds*, exceptions may be made by the Department to allow the [supervisor] *certified dietary manager* to share cooking responsibilities with the full-time cook.

[(3) — (4)]

C. Consultation.

(1) If the [supervisor] *certified dietary manager (CDM)* is not a dietitian, the individual shall receive regularly scheduled consultation from a registered *licensed* dietitian [or other qualified person]. *The certified dietary manager has the education, training, and experience to competently perform the responsibilities of a dietary manager and has proven this by passing a nationally recognized credentialing exam and fulfilling the requirements needed to maintain certified status. The CDM, Certified Food Protection Professionals (CFPP) also demonstrates specific competency in the area of food protection and sanitation.* In all [instances] *instances*, sufficient consultation shall be provided to fulfill all required responsibilities.

(2) There shall be a signed agreement between the facility and the consultant dietitian specifying hours and frequency of service responsibilities, and registration number if applicable. *In all cases, there shall be an adequate number of registered dietitian service hours consistent with the needs of the residents. The hours of coverage specified are for clinical services only, such that a registered dietitian being utilized for food service production would require additional hours for that food service production activity:*

<i>Licensed Number of Beds</i>	<i>Registered Dietician Clinical Hours weekly (minimum)</i>
<i>0 - 50</i>	<i>20</i>
<i>55-99</i>	<i>30</i>
<i>100 +</i>	<i>40</i>

(3) Consultation services shall be documented by written reports.

D. Staffing.

(1) A sufficient number of food service personnel shall be employed to carry out efficiently the functions of the dietetic service and meet the dietary needs of the [patient] *resident*;

(2) Working hours shall be scheduled to ensure that the dietetic needs of the [patients] *residents* are met;

(3) Nursing, housekeeping, laundry, or other personnel may not be [utilized] *used* as dietetic staff. Exceptions may be made only [upon] *on* the written approval of the Department. The kitchen may not be used for any purpose other than the preparation of food.

E. Adequacy of Diet. The food and nutritional needs of patients shall be met in accordance with physicians' orders. To the extent medically possible, the current "Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences", adjusted for age, sex, and activity shall be observed.

Agency Note: The "Diet Manual for Long-Term Care [Patients] *Residents*" as published by the Department, which contains food allowances and guides for regular and therapeutic diets may be used.

F. Therapeutic Diets. Therapeutic diets shall be planned, prepared, and served as prescribed by the attending physician:

(1) Therapeutic diets shall be planned by a registered *and licensed* dietitian [or other qualified person];

(2) Preparation and serving shall be supervised by a [qualified dietetic supervisor] *certified dietary manager*;

(3) A current diet manual shall be available to medical, nursing, and dietetic staff.

G. Frequency and Quality of Meals. At least three meals or their equivalent shall be [served] *offered* daily, at regular times with not more than 14-hour intervals between the substantial evening meal and breakfast. A substantial evening meal is an offering of three or more menu items at one time, one of which includes a high quality protein such as meat, fish, eggs, or cheese. This meal represents no less than 20 percent of the day's total nutritional requirements. To the extent medical orders permit, bedtime nourishments shall be offered routinely to all [patients] *residents* [If the four-or-five-meal-a-day plan is used, the meal pattern to provide this plan shall be approved by the Department].

H. Advance Planning and Posting of Menus. Residents shall be given the opportunity to participate in planning menus. Menus shall be written at least 1 week in advance. The current week's basic menu shall be posted in one or more easily accessible places in the dietetic service department and in the [patient area] *common areas*.

I. Menus Served as Planned. Food sufficient to meet the nutritional needs of [patients] *residents* shall be prepared as planned for each meal. When menu changes are necessary, substitutions shall provide equal nutritional value.

J. (text unchanged)

K. Preparation of Food. Foods shall be prepared by methods that conserve nutritive value, flavor, and appearance, and shall be served at proper temperatures, in a form to meet individual needs. Standardized recipes adjusted to appropriate yield shall be followed. Standardized recipes are those recipes which have been tested by the facility or another source [which assure] *and ensure* consistency in quality and quantity.

L. Resident Directed Meal Pattern. If a resident directed meal pattern is provided, this plan shall be approved by the resident's attending physician and a registered and licensed dietitian.

.14 Specialized Rehabilitative Services — Occupational Therapy Services, Physical Therapy Services, Speech Pathology and Audiology Services.

A. Rehabilitative Services—Admission Policies. In those facilities which do not accept [patients] *residents* in need of specialized rehabilitative services, the minimal acceptable restorative service shall be the restorative nursing care plan designed to maintain function or improve the [patient's] *resident's* ability to carry out the activities of daily living as set forth in Regulation .12S, of this chapter, Program of Restorative Nursing Care.

B. Arrangements for Services. If a facility's admission policies include the admission of [patients] *residents* requiring rehabilitative services, the facility shall provide, or arrange for under written agreement, specialized rehabilitative services by qualified personnel (such as physical therapist, speech pathologist and audiologist, and occupational therapist). Initiation of services to meet the rehabilitative needs of the [patient] *resident* shall occur within [48] 36 hours (excluding Saturday and Sunday) of the physician's order for the specialized service. The [patient] *resident* may not be accepted for admission if at least one service could not be initiated within the [48] 36-hour period (excluding Saturday and Sunday).

C. Policies and Procedures. Written administrative and [patient] *resident* care policies and procedures shall be developed for rehabilitative services by appropriate rehabilitation team members and representatives of the medical, administrative, and nursing staff. Policies shall provide for the coordination of rehabilitative services and the rehabilitative aspects of nursing.

D. (text unchanged)

E. [Physicians'] *Physician's* Orders. Specialized rehabilitative services shall be provided only [upon] *on* written orders of the attending physician. Orders shall include modalities to be used, frequency, and anticipated goals[,] and shall be made a part of the [patient] *resident* care plan. Unless medically contraindicated, the physician shall discuss with the [patient] *resident* or [his] *the* family or sponsor the goals and the treatment program. The frequency of communications between the physician and the rehabilitation team members shall [be governed by the status and] *depend on* changes in the [patient] *resident* and [his] *resident's* medical status.

F. Progress Notes. Within 2 weeks of the referral to specialized rehabilitative services, the rehabilitation team members shall provide to the attending physician a written report of the evaluation, including goals and progress of the [patient] *resident*. Progress notes shall be written at least every 2 weeks.

G. Reevaluation of [Patient's] *Resident's* Progress. The physician and the rehabilitation team members shall reevaluate the [patient's] *resident's* progress as necessary, but at least every 30 days. The physician may document on the record that [his] *the* reevaluation may be less frequent but in no case may [his] *the* reevaluation exceed 60 days. Appropriate action shall be taken.

H. [Patient's] *Resident's* Record. The physician's orders, the initial evaluations, the plan of rehabilitative care, goals, services rendered, evaluations of progress, and other pertinent information shall be recorded in the [patient's] *resident's* medical record[,] and shall be dated and signed by the physician ordering the service and the person or persons who provided the service. The record and progress notes concerning the [patient] *resident* shall reflect at all times the most

recent and current status of the [patient] *resident*, including current short-term and long-term goals.

I. —J. (text unchanged)

.14-1 Special Care Units — General.

A. A facility which holds a current and valid operating license may establish special care units with the approval of the Office of [Licensing and Certification Programs and the Department's Division of Engineering and Maintenance] *Health Care Quality and the Department's Office of Capital Planning, Budgeting and Engineering Services*.

B.—G. (text unchanged)

H. Design.

(1) A special care unit shall meet the general construction requirements of Regulations .06, [and] .26, .27, .28, .31, and .32 of this chapter, and the requirements in this regulation.

(2) (text unchanged)

I. — J. (text unchanged)

.14-2 Special Care Units — Respiratory Care Unit.

A.—B. (text unchanged)

C. Physician Coordinator. If the facility's medical director does not have special training and experience in diagnosing, treating, and assessing respiratory problems, the facility shall [hire] *employ or contract with* a [physician] *Board-certified pulmonologist* who has the special knowledge and experience to provide:

(1) — (2) (text unchanged)

D. Staffing. The facility shall ensure that:

(1) *The nurse manager or the Director of Nursing must possess a background in ventilator care or ventilator management qualifications.*

[1](2) — [2] (3) (text unchanged)

[(3) As appropriate, respiratory care personnel are competent in the following:]

E. Design (text unchanged)

(1) (text unchanged)

(2) Ventilator Alarms. The facility shall ensure that each ventilator is equipped with an alarm on both the pressure valve and the volume valve for safety. *The alarms shall be integrated with the*

nurse call system such that when the ventilator alarm is activated, this signal is transmitted to the central nurse call system as a priority signal, same as typically produced when a call is placed from a resident's bathroom.

(3) All piped Medical gas systems must adhere to the standards set forth in NFPA 99 and NFPA 101-Life Safety Code, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes. The standards as described in NFPA 99 must adhere to those as specified for Level 1 facilities. Level 1, as defined, where an interruption of the piped medical gas system (specifically oxygen) would put residents in imminent danger to life and health. In addition, all vendors and staff involved in installation, inspection, testing and service of Medical gas systems for this chapter must be trained, accredited, and must maintain such accreditation, per standards of ASSE 6000 series standards.

F.—G. (text unchanged)

.14-3 Special Care Units-Dementia Care

A. A dementia care unit shall meet the:

(1) General requirements established for all special care as outlined in Regulation .14-1 of this chapter; and

(2) Requirements of this regulation.

B. Locked units shall meet the established standards set forth in NFPA 99 and NFPA 101-Life Safety Code, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.

[.15 Pharmaceutical Services]

.15 Pharmaceutical

A. Medication Administration

(1) Duties of the Facility. The facility shall provide appropriate methods and procedures for administering drugs and biologics for its residents.

(a) Pharmaceutical services shall be provided in accordance with accepted professional principles and appropriate federal, State, and local laws. Any regulation in this chapter shall govern if higher.

(2) Duties of the Pharmaceutical Services Committee. A pharmaceutical services committee (or its equivalent) shall develop written policies and procedures for safe and effective drug therapy, distribution, control, and use.

(a) The composition of the committee shall include at least:

(i) The pharmacist;

(ii) *The director of nursing services;*

(iii) *The consultant dietitian;*

(iv) *One physician;*

(v) *The administrator.*

(b) *The committee shall meet at least quarterly to establish policies and procedures; and*

(c) *All members of the committee shall review and agree to revisions of policies and procedures before the implementation of any changes. The participation of members at a specific meeting shall be controlled by the agenda items to be discussed; and*

(d) *Policies and procedures developed by the pharmaceutical services committee may not prohibit or restrict a resident from receiving medications from the pharmacy of the resident's choice. In cases where the cost of any medication obtained from the pharmacy selected by the resident exceeds the cost of the same or equivalent medication available through a pharmacy that the facility has contracted with to provide pharmaceutical services, the resident shall be responsible for the excess amount; and*

(e) *The committee may not require the pharmacy to provide drugs by way of a specific drug distribution system such as unit dose or use of a particular packaging system; and*

(f) *Establish the contents of sealed, emergency drug kits. A sealed kit shall be kept readily available in each nurses' station. A list of contents, with expiration dates, shall be attached to the kit. The kits shall be of durable construction and easily cleaned.*

(g) *The committee shall oversee the pharmaceutical service to the facility to ensure accuracy and adequacy; and*

(h) *The committee shall make recommendations for improvements; and*

(i) *The committee shall document actions and recommendations.*

B. Medication Management

(1) *Unit Dose System. A facility, before installing a unit dose system which has not been approved by the Office of Health Care Quality, shall obtain this approval before installing the system. Prior approval is not required for a system which has been approved unless the facility plans to make substantial changes in the system. Departmental approval of the unit dose system indicates compliance with these regulations.*

(a) *Medications not specifically limited as to time or number of doses, when ordered, shall be automatically stopped in accordance with the written policy originated by the committee.*

(2) *Administration Procedures.*

(a) Medications, legend and non-legend, administered to patients shall be ordered in writing by the patient's physician.

(b) Medications shall be administered by appropriately licensed personnel in accordance with laws and regulations governing these acts or by certified graduates of a State-approved medication aide course.

(c) The person who prepares medications shall give and record them.

(d) Medicine may not be returned to the container. If the patient refuses the drug or a mistake occurs, the drug shall be discarded and an annotation entered on the patient's chart. For unit dose policy see §E of this Regulation.

(e) Before invoking stop order policies, the patient's attending physician shall be contacted for instructions so that continuity of the patient's therapeutic regimen is not interrupted.

(3) Pharmaceutical Services.

(a) Arrange for pharmacies which provide medications for residents in the facility to agree, in a written agreement with the facility, to maintain at the pharmacy a resident profile record system for each resident in the facility for whom prescriptions are dispensed.

(b) If the facility does not employ a licensed pharmacist, it shall arrange for, by written contract, a licensed pharmacist to provide consultation on the administering of the pharmacy services in accordance with the policies and procedures established by the pharmaceutical services committee. The pharmaceutical services shall be under the general supervision of a qualified pharmacist who shall:

(i) Be responsible, with the advice of the pharmaceutical services committee, to develop, coordinate, and supervise the pharmaceutical services and provide in-service at least twice yearly.

(ii) Visit the facility frequently enough to assure that policies and procedures established by the pharmaceutical services committee are enforced.

(iii) If a patient desires to designate a particular pharmacy to provide his drugs, he shall inform the pharmacist that he must conform with the facility's written policies concerning the provision of drugs. If the pharmacist agrees to comply with the facility's policies, the patient may request that the consenting pharmacist perform the service. If the pharmacist fails to comply with the policies, a representative of the facility shall discuss with the patient the policy infractions. If after being informed of the infractions the pharmacist then refuses to cooperate, the patient shall select another pharmacist who will agree to comply with the facility's policies. Providers of drugs, pharmacists, shall have access to a copy of the written patient care policies.

(iv) Arrange for pharmacies which provide medications for patients in the facility to agree, in a written agreement with the facility, to maintain at the pharmacy a patient profile record system for each patient in the facility for whom prescriptions are dispensed.

(v) *At least monthly, review at the facility the individual patient records, performing a drug regimen review, and document the findings in the patient's medical record.*

(vi) *Bring to the attention of the attending physician any potential drug problems found during the drug regimen review.*

(vii) *At least quarterly, submit a report to the pharmaceutical services committee on the status of the facility's pharmaceutical service and staff performance.*

(c) *If a resident desires to designate a particular pharmacy to provide the drugs, the resident shall inform the pharmacist of the facility's written policies concerning the provision of drugs. If the pharmacist agrees to comply with the facility's policies, the resident may request that the consenting pharmacist perform the service. If the pharmacist fails to comply with the policies, a representative of the facility shall discuss with the resident the policy infractions. If after being informed of the infractions the pharmacist then refuses to cooperate, the resident shall select another pharmacist who will agree to comply with the facility's policies. Pharmacists, shall have access to a copy of the written resident care policies.*

(d) *The pharmacist, shall be responsible for delivering medications to the facility. Members of the resident's family or the sponsor for the resident may not deliver medications to the resident or to the facility.*

(e) *All prescribed medications for residents who have left the facility shall be returned to the pharmacy, according to the facility's policy, or be destroyed in the presence of two witnesses, authorized by the facility, who shall sign a notation on the resident's chart. Any adulterated, deteriorated, or out-dated medications shall be destroyed in the presence of two witnesses, authorized by the facility, who shall sign an appropriate record of the action.*

(f) *Medications shall be released to residents on a discharge only basis with the written authorization of the resident's authorized prescriber.*

(g) *At least monthly, review the individual resident records at the facility, performing a drug regimen review, and document the findings in the resident's medical record.*

C. Administration of Medications for Leave of Absence of 24 Hours or Less.

(1) *A facility shall develop policies and procedures to ensure that a resident or, if the resident lacks capacity, the resident's family or other person accompanying the resident is informed, both orally and in writing, on how the resident must safely and correctly take the resident's medications during a short-term leave of absence of 24 hours or less.*

(2) *A licensed nurse shall prepare, in accordance with a facility-developed procedure, medications to be sent with a resident on short-term leave from the facility of 24 hours or less.*

D. Labeling

(1) Medications shall be accurately and plainly labeled. Except for those over-the-counter medications which the Department may list as suitable for purchasing in bulk and dispensing as needed, the labels for all medications shall bear at least:

(i) The patient's full name;

(ii) The name of the drug;

(iii) Potency;

(iv) Original filling date and date refilled, if applicable;

(v) Name of prescribing physician;

(vi) Expiration date of medication (month, year);

(vii) Appropriate special handling instructions regarding special storage;

(viii) Name and address of dispensing pharmacy;

(ix) Serial number;

(x) Number of tablets or capsules;

(xi) Accessory federal labels.

(2) Nurses may not package, repackage, bottle, or label in whole or in part any medication, or alter in any way by tampering or defacing any labeled medication.

E. Storage

(1) Medications shall be stored in a locked medication storage area provided at, or convenient to, the nurses' station, which:

(i) Is well lighted;

(ii) is located where personnel preparing drugs for administration will not be interrupted;

(iii) Is sufficiently spacious to allow storage of external medications separately from internal medications;

(iv) Is kept in a clean, orderly and uncluttered manner; and

(v) Contains a refrigerator if medications are to be maintained in it.

(j) Poisons and medications marked "for external use only" shall be kept separate from general medications and Schedule II drugs.

(2) Schedule II drugs.

(a) Schedule II drugs shall be kept in separately locked, securely fixed boxes or drawers in the storage area, under two locks. The lock on the door of a medication room shall be counted as one of the two locks.

(b) Two members of the nursing home staff (administrator or nurse) may destroy controlled dangerous substances in Schedules II—V on the premises of the nursing home. In addition to any other required records, a record of the disposal shall be maintained in the facility. A copy of the record of disposal shall be forwarded to the Division of Drug Control.

(c) Each facility, whether or not operating a licensed pharmacy, shall maintain a record and signed Schedule II count at each change of shift.

(d) Facilities which administer Schedule II Drugs shall maintain a drug record in which it's recorded:

(i) The name of the resident, the date, time, kind, dosage, and method of administration of all Schedule II Drugs;

(ii) The name of the authorized prescriber who prescribed the medication;

(iii) Stop Orders. Before invoking stop order policies, the resident's attending physician shall be contacted for instructions so that continuity of the resident's therapeutic regimen is not interrupted.

.16 Laboratory and Radiologic Services.

A.—C. (text unchanged)

D. Reports of Findings. The attending physician shall be notified promptly of the findings. Signed and dated reports of diagnostic services shall be filed with the [patient's] *resident's* medical record.

E. Transportation. The facility shall assist the [patient] *resident*, if necessary, in arranging for transportation to and from the source of service.

F.—H. (text unchanged)

.17 Dental Services.

A. Provision for Dental Care. [Patients] *Residents* shall be assisted to obtain routine and emergency dental care.

B. Advisory Dentist. There shall be an advisory dentist, licensed to practice in the State, who shall:

(1) Recommend oral hygiene policies and practices for the care of the [patients] *residents* and for arrangements for emergency treatment;

(2) (text unchanged)

(3) Provide direction for in-service training to give the nursing staff [an] understanding of [patients'] *residents'* dental problems.

C. Assistance by Nursing Personnel. Nursing personnel shall assist the [patient] *resident* in carrying out routine dental hygiene.

D. (text unchanged)

E. Transportation. Arrangements shall be made, when necessary, for the [patient] *resident* to be transported to the dentist's office.

.18 Social Work Services.

A. Services Provided. The facility shall provide or make arrangements for services to identify and meet the [patient's] *resident's* medically related *physical*, social, and [emotional] *behavioral health* needs.

B. Designated Staff Responsibility. A member of the facility's staff shall be assigned responsibility for social services. If the designee is not a certified social worker, the facility shall effect an agreement with a qualified social work consultant. The agreement shall provide for sufficient hours of consultation to assure that the staff's services meet the medically related *physical*, social, and [emotional] *behavioral health* needs of the [patients] *residents*.

C. Social History. The written social history shall be initiated within 7 days after admission. The history shall be as complete as possible and shall include:

(1) Social data about personal and family background to provide understanding of the [patient] *resident* and how [he] *the individual* functions; and

(2) Information regarding current personal and family circumstances and attitudes as they relate to [patient's] *resident's* illness and care.

D. (text unchanged)

E. Space. Facilities shall provide:

(1) Space for social work personnel, accessible to [patients] *residents*, medical, and other staff;

(2) (text unchanged)

.19 [Patient] Resident Activities.

A. Activities Program. The facility shall provide for a program of structured and unstructured activities, designed and monitored appropriately to meet the day-to-day needs and interests of each [patient] *resident*, to encourage self-care, resumption of normal activities, engagement of resident selected activities, and maintenance of an optional level of psychosocial functioning.

B. Staffing. A staff member qualified by experience or training shall be appointed to be responsible for the activities program. If the designee is not a qualified [patient] *resident*

activities coordinator as defined in [Regulation .01Y,] *Regulation .01 (B) (79)* of this chapter, the Department may approve the designee based on the person's education, performance, and experience.

C. (text unchanged)

D. Restrictions on Participation Documented on Chart. The physician shall note on the [patient's] *resident's* chart any restrictions applicable to the [patient's] *resident's* participation in the activities program.

E. Objective. The activities shall be designed to promote the general health, physical, social, and [mental] *behavioral health and* well-being of the [patients] *residents*.

F. Space, Supplies. Adequate space and a variety of supplies and equipment shall be provided by the facility to satisfy the appropriate individual activity needs of [patients] *residents*.

.20 Clinical Records.

A. Records for all [Patients] *Residents*. Records for all [patients] *residents* shall be maintained in accordance with accepted professional standards and practices.

B. Contents of Record. Contents of record shall be:

(1) Identification and summary sheet or sheets including [patient's] *resident's* name, [social security] *Social Security* number, armed forces status, citizenship, marital status, age, sex, home address, and religion;

(2) (text unchanged)

(3) Documented evidence of assessment of the needs of the [patient] *resident*, of establishment of an appropriate plan of initial and ongoing treatment, and of the care and services provided;

(4) Authentication of hospital diagnoses (discharge summary, report from [patient's] *resident's* attending physician, or transfer form);

(5) (text unchanged)

(6) Medical and social history of [patient] *resident*;

(7)—(14) (text unchanged)

C.—D. (text unchanged)

E. Completion of Records and Centralization of Reports. Current medical records and those of discharged [patients] *residents* shall be completed promptly. All clinical information pertaining to a [patient's] *resident's* stay shall be centralized in the [patient's] *resident's* medical record.

F. Retention and Preservation of Records. Medical records shall be retained for a period of not less than 5 years from the date of discharge or, in the case of a minor, 3 years after the [patient] *resident* becomes of age or 5 years, whichever is longer.

G.—H. (text unchanged)

I. Electronic Health Records

(1) *Facilities which use electronic health records exclusively or as part of a paper based medical record shall comply with these regulations, and applicable State and federal laws, including laws governing privacy and security of records. Refer to COMAR 10.03.01.01 B 9-1 for electronic signatures.*

(2) *Staff and facility approved practitioners shall be trained in the use of electronic health records.*

(3) *Facilities which use electronic health records must ensure access to residents as specified in COMAR 10.07.09.08C (13) and (14) and upon request shall provide the resident with copies of their medical records in their preferred format at a reasonable cost.*

(4) *Facilities shall provide full access to electronic health records to representatives of the Department as set forth in 10.07.02.05 and other legal representatives as set forth in 10.07.09.08.*

(5) *Facilities shall develop a system to ensure facility staff access to residents' health records in the event of a failure of the facility's electronic medical record system.*

.21 Infection Prevention and Control Program.

A. *Infection Prevention and Control Program.* The facility shall establish, maintain, and implement [an] effective *infection prevention and control [program] programs* that:

(1) Investigates, controls, and prevents infections in a timely manner through a system that enables the facility to:

(a) — (d) (text unchanged)

(2) — (3) (text unchanged)

(4) Monitors and evaluates the:

(a) Effectiveness of the *infection prevention and control* program by surveying rates of infection, especially of those residents who have an especially high risk of infection; and

(b) (text unchanged)

B. The facility shall assign at least one [individual] *infection preventionist* [with education and] *that has attended* training in infection surveillance, prevention, and control to [be responsible for

approving actions to prevent and control infections.] *actively manage the facility's infection prevention and control program. The infection preventionist shall:*

(1) Attend or have attended a basic infection prevention and control training course that is approved by the Office of Health Care Quality and the Office of Infectious Disease Epidemiology and Outbreak Response for the Department; and

(2) This position shall be staffed at a ratio of 1.0 Full Time Equivalents for every 200 beds.

[C. Effective January 1, 2005, the facility's infection control coordinator shall attend a basic infection control training course that is approved by the Office of Health Care Quality and the Office of Epidemiology and Disease Control Program for the Department.]

D. (text unchanged)

[E. The facility's communication mechanism shall ensure that the administrator, director of nursing, and the medical director receive and address reports of infection control findings and recommendations in a timely manner.]

E. The facility's communication mechanism shall ensure that:

(1) The administrator, director of nursing, and the medical director receive and address reports of infection prevention and control findings and recommendations in a timely manner; and

(2) These reports are reviewed and approved by a facility committee that has oversight of the infection prevention and control program.

F. Infection Prevention and Control Policies and Procedures.

(1) The infection prevention and control program shall establish written policies and procedures to investigate, control, and prevent infections in the facility including policies and procedures to:

(a) Identify [facility] health care-associated infections and communicable diseases in accordance with COMAR 10.06.01;

(b) Report occurrences of certain [communicable] infectious diseases and outbreaks of [communicable] infectious diseases to the local health department in a timely manner in accordance with COMAR 10.06.01 and Health-General Article, §18-202, Annotated Code of Maryland;

(c) Institute appropriate [infection control steps] control measures when an infection or outbreak of infections is suspected or identified in order to control infection and prevent spread to other residents;

(d) Perform surveillance for health care-associated and community-associated infections of residents and employees [at appropriate intervals] using definitions and methods approved by the infection prevention and control oversight committee to monitor and investigate causes of

infection, [facility-associated and community acquired,] and the manner [in which it was] *that the infection is spread*;

(e) Train employees about infection *prevention and control*, [and hygiene] including:

(i) *Standard precautions and [Hand] hand hygiene*;

(ii) *Respiratory [protection] hygiene and cough etiquette*;

(iii) Soiled laundry and linen processing;

[(iv) Needles, sharps, or both;]

(iv) *Safe handling of needles and sharps and injections safety*;

(v) Special medical waste handling and disposal; [and]

(vi) (text unchanged)

(vii) *Bloodborne pathogens, including hepatitis B and C and human immunodeficiency virus*;

(viii) *Tuberculosis exposure; and*

(ix) *Proper use and wear of personal protective equipment, such as gloves, gowns, and eye protection*;

(f) Train and [monitor] *perform compliance monitoring of employee application of infection prevention and control [and aseptic techniques; and] activities, such as hand hygiene and personal protective equipment used for isolation precautions; and*

(g) Review the infection *prevention and control program elements* at least annually and revise as necessary, *and obtain annual approval of infection prevention and control program activities by the infection prevention and control oversight committee.*

(2) The facility shall provide information concerning the [communicable] *infectious* disease status of any resident being transferred or discharged to any other facility, including a funeral home.

(3) The facility shall obtain information concerning the [communicable] *infectious* disease status of any resident being transferred or discharged to the facility.

G. Preventing Spread of Infection.

(1) (text unchanged)

(2) The facility shall take appropriate infection *prevention and control* steps to prevent the transmission of [a communicable] *an infectious* disease to residents, employees, and visitors as outlined in the following guidelines:

(a) Guideline for Isolation Precautions: *Preventing Transmission of Infectious Agents in [Hospitals] Healthcare Settings 2007; and*

(b) Guideline for Infection Control in Health Care Personnel.

(3) The facility shall prohibit employees with [a communicable] *an infectious* disease or with infected skin lesions from direct contact with residents or their food if direct contact could transmit the disease.

(4) The facility shall require employees to perform hand hygiene *before and* after each direct resident contact for which hand hygiene is indicated by accepted professional practice.

(5) (text unchanged)

.21-1 Employee Health Program.

A. The facility's infection *prevention and* control program shall monitor the relevant health status of all employees, as it relates to infection *prevention and* control. The following guidelines shall aid the facility in implementing its employee health program:

(1) (text unchanged)

(2) Immunization of Health-Care [Workers] *Personnel*: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) [; and] (*MMWR 2011; 60 No. RR-07; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia); and*

(3) COMAR 09.12.31[.]; *and*

(4) *ACIP Recommendations for Measles-Mumps-Rubella (MMR) 'Evidence of Immunity' Requirements for Healthcare Personnel, Center for Disease Control and Prevention, Advisory Committee on Immunization Practices, August, 2009.*

B. Tuberculosis *Exposure* Control.

(1) The infection control program shall include a risk assessment program, including monitoring for tuberculosis infection for employees that is in accordance with [the following guidelines] *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005;*

[(a) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities; and]

[(b) Guideline for Infection Control in Health Care Personnel.]

(2) (text unchanged)

[(3) The facility shall monitor the purified protein derivative (PPD) status of employees at any time that symptoms suggestive of tuberculosis develop, and periodically, consistent with the tuberculosis control plan. All employees shall be assessed for risk of tuberculosis following guidelines referenced in §B of this regulation.]

(3) All new employees shall be assessed for risk of tuberculosis through a two-step tuberculin skin testing at the time of hire following guidelines referenced in Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 on page 29 in Box 1 or through an interferon-gamma release assay (IGRA) blood test.

(4) The facility shall maintain written documentation of the following:

(a) Results of tuberculin skin tests, recorded in millimeters of induration with dates of administration, dates of reading, results of test, and the manufacturer and lot number of the purified protein derivative (PPD) solution used.

[(b) Results of chest x-rays required in this regulation; and]

[(c)] *(b) Any previous tuberculin skin tests, chest x-ray, chemotherapy, and chemoprophylaxis, which are the basis for the certification that the individual is free from tuberculosis in a communicable form.*

[(5) The facility shall screen all new employees for immunity to common childhood infections such as mumps, rubella, measles, and chicken pox (varicella), through the use of pre-employment questionnaires and, if appropriate, serologic testing for presence of antibodies of these diseases, to prevent adult exposure of new employees to residents with communicable forms of such disease organisms.]

(5) The facility shall screen and maintain written documentation of employee's proof of immunity to common childhood infections including measles, mumps, rubella, and chickenpox (varicella). Proof of immunity to these diseases shall be verified by:

(a) Documented evidence of administration or;

(b) Laboratory evidence of immunity.

(6) The facility shall require that employees who are nonimmune to measles, mumps, rubella, and varicella receive immunization for measles, mumps, rubella or varicella, unless medically contraindicated or against the employee's religious beliefs. If the employee refuses to be immunized, the facility shall document the refusal, the reason for the refusal and require the nonvaccinated employee to wear a mask.

[(6)] (7) The facility shall [request] *require* that all new employees receive immunization for Hepatitis B, *unless medically contraindicated or against the employee's religious beliefs* . [The employee may refuse to be immunized if medically contraindicated, against the employee's religious beliefs, or after being] *The facility shall [fully informed] inform all new and current*

employees of the health risks of not being immunized. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

[(7) The facility shall request that each employee receive immunization from influenza virus in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall make information available to all employees concerning other conditions in which pneumococcal vaccine may be of benefit for certain other underlying medical conditions. The facility shall document refusals and shall conduct surveillance of nonimmune employees during the recognized influenza season.]

(8) The facility shall require that all employees receive annual immunization for influenza, unless medically contraindicated or against the employee's religious beliefs. The facility shall annually offer each employee influenza immunization in accordance with Health-General Article, §18-404, Annotated Code of Maryland. The facility shall inform all new and current employees of the health risks of not being immunized. The facility shall document refusals and require the nonvaccinated employee to wear a mask.

[(8) The facility shall inquire about a history of varicella for each new employee. If the employee's history is unclear, then the facility shall request a serology for varicella. If the serology for varicella is nonreactive, the facility shall request that the employee receive immunization for varicella. If the employee refuses to be immunized, the facility shall document the refusal and the reason for the refusal.]

(9) The facility shall require that each new employee receive a one dose booster immunization for pertussis, unless medically contraindicated or against the employees's religious beliefs. The facility shall inform all new and current employees of the health risks of not being immunized. The facility shall document refusals and require the nonvaccinated employee to wear a mask. The immunization shall be given in the form of Tdap (tetanus, diphtheria, a cellular pertussis) vaccine, in accordance with: Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC); (MMWR 2011;60 No. RR-07; U.S. Centers for Disease Control and Prevention (CDC Atlanta, Georgia).

.21-2 Resident Health Program.

A. The facility's infection *prevention and control* program shall include monitoring of the health status of all residents to determine if the residents *have received annual influenza immunization and* are free from tuberculosis in a communicable form.

B. Influenza Immunization

(1) The facility shall urge that all residents receive the influenza immunization, unless medically contraindicated or against the resident's religious beliefs. If the resident refuses to be immunized, the facility shall document the refusal and the reason for the refusal.

[B.] C. Tuberculosis Assessment.

B. Tuberculosis Assessment.

[(1) The facility shall assess residents for tuberculosis according to the following guidelines:]

[(a) Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities; and]

[(b) Guideline for Infection Control in Health Care Personnel.]

(1) The facility shall assess residents for tuberculosis according to the Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, 2005.

[(2) All residents shall receive a tuberculin skin test within 10 days of initial admission unless the resident has had a documented negative skin test within the previous month, a previous positive test, history of preventive therapy, or treatment of tuberculosis.]

(2) All new residents shall receive a two-step tuberculin skin test within 10 days of new admission to the facility unless the resident has had a documented negative tuberculin skin test within the previous 12 months, a previous positive tuberculin skin test, or a history of preventive treatment, latent infection or treatment of tuberculosis disease.

[(3) The tuberculin skin test for new admissions may be a two-step skin test that is performed by the facility according to the established infection control policy of the facility. Approved employees shall read the skin test and manage the results of the skin test in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.]

(3) The facility shall continue to monitor residents for signs and symptoms of tuberculosis by performing a yearly symptom review. When a resident has signs and symptoms of tuberculosis, a physician shall be notified to:

(a) Evaluate the resident for tuberculosis in a communicable form;

(b) Notify the local health officer within 24 hours if the physician suspects tuberculosis; and

(c) Coordinate management of the resident and the resident's contacts with the local health officer.

[(4) The facility shall continue to monitor residents for signs and symptoms of tuberculosis by performing a yearly symptom review. When a resident has signs and symptoms of tuberculosis, a physician shall within 48 hours:]

[(a) Evaluate the resident for tuberculosis in a communicable form;]

[(b) Notify the health officer within 24 hours if the physician suspects tuberculosis; and]

[(c) Coordinate management of the resident and the resident's contacts with the health officer.]

(4) The facility shall assess and manage a resident who has a history of previous positive tuberculin skin test, a history of latent infection, or previous history of active tuberculosis

disease, in accordance with Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.

[(5) The facility shall assess and manage a resident with a history of previous positive tuberculin skin test, previous history of active tuberculosis, or positive skin test conversion in accordance with Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities.]

.21-3 Volunteer Health Program.

A. The facility shall urge that volunteers, defined as individuals who spend an average of 8 hours per week or more in the institution [patient] *resident* care areas and who receive no pay or benefits, [accept] *receive* annual influenza vaccination and tuberculin *skin* testing as considered necessary by the facility. The facility shall give appropriate health care information to such volunteers to provide maximum protection to residents.

B. The facility shall maintain documentation of the discussion between the facility and the volunteer concerning influenza vaccine and tuberculin *skin* testing.

.21-4 Infection Control—Standard Precautions.

A. (text unchanged):

(1) Guideline for Isolation Precautions in Hospitals; [and,] 2007 and

(2) (text unchanged)

B. The infection *prevention and* control program shall include the handling of medical waste as defined in [COMAR 10.06.06] *COMAR 09.12.31*

.22 Reports and Action Required in Unusual Circumstances.

A. Locked Doors Prohibited. Residents may not be kept behind locked doors, that is, doors which residents cannot open. If the resident becomes too difficult to manage, the resident shall be transferred to a suitable facility selected by the attending physician. If the physician orders, residents who have a tendency to wander may be confined to their rooms by screen doors or folding gates.

B. Unusual Occurrences. Any occurrence such as the occurrence of infectious disease, or symptomatic condition of importance to public health, poisoning, internal emergency or disaster, external emergency or disaster that affects the facility, or other serious occurrence which threatens the welfare, safety, or health of any resident shall be reported immediately to the local health department and the Office of Health Care Quality. The administrator of the facility shall be responsible for seeing that appropriate procedures and reporting are carried out for all reportable incidents. An occurrence of a infectious or suspected infectious disease shall be reported and acted upon in accordance with medical asepsis as described in COMAR 10.06.01 Communicable Diseases and COMAR 10.15.03 Food Service Facilities.

[A. Serious Emotional Disturbances. A facility may not accept or keep patients who destroy property or are dangerous to themselves or others, or who have acute symptoms of mental illness.]

[B. Action to Be Taken if a Patient Becomes Actively Disturbed. The following action shall be taken:]

[(1) If a patient becomes actively disturbed, the personal physician shall be notified immediately.]

[(2) A restraint may be used only if all of the following conditions are met:]

[(a) Failure to use a restraint or restraints is likely to endanger the health or safety of the patient or others;]

[(b) There is a written physician's order for the use of the restraint or restraints, which shall comply with the following requirements:]

[(i) The physician's written order for the restraint or restraints shall be for a specified maximum period of time, not to exceed 24 hours.]

[(ii) The necessity for the use of the restraint or restraints shall be documented, and]

[(iii) The frequency of patient observations by licensed personnel on not less than an hourly basis during the period of time that the restraint or restraints or the effects of the restraint or restraints are present shall be indicated;]

[(c) Appropriate documentation by licensed personnel shall be recorded in the clinical record;]

[(d) The facility may not re-impose a restraint or restraints except upon the written order of a physician who has personally observed the patient since the previous restraint or restraints order was imposed.]

[(3) A restraint or restraints may not be ordered PRN.]

[(4) If a physician is not immediately available, a registered nurse may authorize the use of a physical restraint or restraints for a period not to exceed 4 hours in any 30-day period. Licensed personnel shall observe the patient hourly. The patient shall be seen by a physician if the restraint or restraints are to be applied for more than the initial 4-hour period.]

[C. Locked Doors Prohibited. Patients may not be kept behind locked doors, that is, doors which patients cannot open. If the patient becomes too difficult to manage, the patient shall be transferred to a suitable facility selected by the attending physician. If the physician so orders, patients who have a tendency to wander may be confined to their rooms by screen doors or folding gates.]

[Agency Note: Supervision should be adequate to prevent patients from intruding into the rooms of other patients.]

[D. Unusual Occurrences. Any occurrence such as the occurrence of suspected mental disturbance, communicable disease, or symptomatic condition of importance to public health, poisoning, or other serious occurrence which threatens the welfare, safety, or health of any patient shall be reported immediately to the local health department. The administrator of the facility shall be responsible for seeing that appropriate procedures and reporting are carried out. An occurrence of a communicable or suspected communicable disease shall be reported and acted upon in accordance with medical asepsis as described in COMAR 10.06.01 Communicable Diseases and COMAR 10.15.03 Food Service Facilities.]

[Agency Note: Utilization Review. A utilization review plan should be developed with the advice of the professional personnel responsible for the establishment and enforcement of patient care policies. It is suggested that there be established a multi-discipline audit team to participate in an ongoing system of internal patient care audit.]

.23 Transfer Agreement.

A. (text unchanged)

(1) Planning to ensure that all services required for the continuity of [patient] *resident* care will be made available promptly;

(2) Advance discussion with the [patient] *resident* regarding the reason for the transfer and any available alternatives;

(3) (text unchanged)

(4) Interchange of medical and other information necessary in the care and treatment of [patients] *residents* transferred between the facilities;

(5) (text unchanged)

(6) Safe timely transportation and care of the [patient] *resident* during transfer;

(7) Security and accountability for the [patient's] *resident's* personal effects;

(8)— (12)

B. (text unchanged)

[C. Exception for Comprehensive Care Facility. If a comprehensive care facility is unable to effect a transfer agreement with a hospital in the community and can document its attempts to secure an agreement, the facility shall be considered to have such an agreement in effect.

[Agency Note: It is recommended that the comprehensive care facility arrange for a similar transfer agreement with an extended care facility.]

.24 Emergency and Disaster Plan.

A. Emergency and Disaster Plan.

(1) (text unchanged)

(2) (text unchanged)

(3) When the nursing facility relocates residents, the facility shall send a brief medical fact sheet with each resident that includes at a minimum the resident's:

(a)— (f) (text unchanged)

(g) Advance directives, living will, and/or a copy of the resident's Maryland's Medical Orders for Life-Sustaining Treatment (MOLST) form.

(4) The brief medical fact sheet for each resident described in §A (3) of this regulation shall be:

(a)— (b) (text unchanged)

(c) Maintained in a *written or printed form* in a central location readily accessible and available to accompany residents in case of an emergency evacuation.

(5)— (8) (text unchanged)

(9) [The licensee shall identify an emergency and disaster planning liaison for the facility and shall provide the liaison's contact information to the local emergency management organization.] *Licensed Comprehensive Care and extended care facilities will register with the Maryland Health Alert Network (HAN).*

(a) Each facility must register four facility representatives and provide 24/7 contact information. Those positions should include:

(i) The facility administrator;

(ii) The Director of Nursing;

(iii) [The facility owner] An officer, director or other representative of the governing body;

(iv) Environmental Director.

(b) Each facility must register within six months of effective date of regulations:

(i) Facilities will continue to update their information semiannually; or

(ii) Facilities will update within five business days of staff changes from the registered position.

[(10) The licensee shall prepare an executive summary of its evacuation procedures to provide to a resident, family member, or legal representative upon request. The summary shall, at a minimum:]

[(a) List means of potential transportation to be used in the event of evacuation;]

[(b) List potential alternative facilities or locations to be used in the event of evacuation;]

[(c) Describe means of communication with family members and legal representatives;]

[(d) Describe the role and responsibilities of the resident, family member, or legal representative in the event of an emergency situation; and]

[(e) Notify families that the information provided may change depending upon the nature or scope of the emergency or disaster.]

(10) The licensee shall identify an emergency and disaster planning liaison for the facility and shall provide the liaison's contact information to the local emergency management organization.

(11) The licensee shall prepare an executive summary of its evacuation procedures to provide to a resident, family member, or legal representative upon request. The summary shall, at a minimum:

(a) List means of potential transportation to be used in the event of evacuation;

(b) List potential alternative facilities or locations to be used in the event of evacuation;

(c) Describe means of communication with family members and legal representatives;

(d) Describe the role and responsibilities of the resident, family member, or legal representative in the event of an emergency situation; and

(e) Notify families that the information provided may change depending on the nature or scope of the emergency or disaster.

B. (text unchanged)

C. 1. (a)— (b) (text unchanged)

(c) Within 24 hours of admission, notify and direct residents to the facility's emergency plans and maps, including evacuation procedures.

(2)— (4) (text unchanged)

[.25 Location and Communication]

[.26] .25 Physical Plant General Requirements.

Unless otherwise indicated, all general requirements apply to both new construction and existing facilities.

A. Construction[—New Facilities]. Facilities shall be constructed, equipped, and maintained to protect the health and safety of [patient] *residents*, personnel, and the public.

[B. Construction of New Facilities. New facilities shall be defined as facilities for which plans have been submitted and approved subsequent to the adoption of these regulations and shall meet the following criteria:]

[(1) Building shall be a completely detached structure.]

[(2)] (1) A facility desiring to provide services other than those licensed shall obtain prior approval from the Department. The facility also shall obtain prior approval from the Department for any part of the premises to be used for tenant occupancy or for unrelated business purposes. Any such usage shall require the facility to follow guidelines to be established by the Department.

[(3)] (2) All facilities shall be constructed in accordance with the provisions of the NFPA 101-Life Safety Code, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.

(3) Effective August 12, 2013, all facilities shall be protected throughout the entire building by an automatic fire extinguishing system.

[(4) Facilities constructed after July 1, 1977 which will house 50 or more occupants needing evacuation assistance (as enforced by the State Fire Marshal)] (3) *Effective August 12, 2013, all facilities shall be protected throughout the entire building by an automatic fire extinguishing system.]*

(4) Preventative Maintenance Program. All facilities must have a written preventative maintenance program. This program must include periodic service and testing as recommended by manufacturers and ongoing staff monitoring for evidence of malfunction or deterioration. This program shall include but not be limited to the following: building systems, building components, resident care equipment, resident therapy equipment, resident bathing and shower equipment, furniture and furnishings, wheelchairs, walkers, body lifts, scales, electronics, and electrical switches and outlets. Further, this program shall include a system where personnel, residents, and others can report repair needs to the administration and the procedures by which facility personnel shall investigate these reports and make corrections as necessary.

[(5) Basements—New Facility Construction. On new construction of one-story or multi-story facilities scheduled to have basements, the following requirements shall be met: In basements of fire resistive buildings where special fire hazards are identified by fire authorities' review of plans, automatic sprinkler protection shall be required as indicated by the fire authority.]

[(6)] (5) The facility shall be in compliance with all applicable *Federal*, State and local governing laws, regulations, standards, ordinances, and codes.

[(7)] (6) The facility shall be constructed to comply with *the* ANSI A117.1 [1961] (Reaffirmed [1971] 2010). American National Standard Institute [Specifications for making buildings accessible to, and usable by, the physically handicapped] (*ANSI specifications for Accessible and Usable Buildings and Facilities*).

[(8)] (7) Securely anchored handrails shall be provided on each side of all corridors in [patient] *resident* areas and shall be *no more than* 36 inches high, measured from the floor to the top of the handrail.

[C.] (8) Conversion of an Existing Structure. When an owner plans to convert an existing structure which has not been licensed as a nursing or care home to a comprehensive care facility or an extended care facility, the owner shall be required to meet all conditions set forth in ["New Facility Construction Requirements."] *the regulations of this chapter*.

[Agency Note: In existing structures, the Department will entertain requests for waivers on items which will not endanger the health and safety of persons using the facility; patients and visitors; and for those items, if corrected, which will result in an unreasonable hardship upon the facility, that is, cause substantial financial burden.]

Agency Note: The Department will entertain requests for waivers on items that will not endanger the health and safety of person using the facility, residents and visitors; and for those items, if corrected, which will result in an unreasonable hardship upon the facility, that is, cause substantial financial burden. Refer to §.02G of this chapter.

B. Culture Change Facilities. If a facility wishes to convert to a culture change type of nursing care center, or if an entity wishes to construct a new nursing care center that would be consistent with that of a culture change facility, the Department may allow for waiver of provisions of these regulations on a case by case basis and as described in §.02G of this chapter.

[D.] C. Elevators—[New Construction]. *Elevators* shall meet the requirements for elevators in long-term care facilities as set forth in the "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities, [DHEW Publication No (HRA) 76-4000, or as amended".] *DHEW Publication No. HRA 81-14500 or as amended. All Federal, State and local codes and standards for safety and maintenance of institutional elevators shall be met.*

[E. Elevators—Existing Facilities. In existing facilities all local codes and standards for safety and maintenance of institutional elevators shall be met.]

[F.] (D). Emergency Electrical Power [New Construction and Existing Facilities]. Emergency electrical power shall be provided as detailed in this section:

(1) Emergency power for the purpose of egress lighting and protection shall be as required by [the]*NFPA 101-Life Safety Code, as promulgated by the State Fire Prevention Commission and as required by the Maryland State Fire Prevention Code [and Life Safety Code 101] as adopted*[by the State Fire Marshal's Office].

(2) (text unchanged)

(a)— (j) (text unchanged)

(3) Emergency power shall be provided for the following:

(a) Nurses' call system.

(b) Duplex receptacles installed 50 feet apart in all corridors in [patient] *resident* areas, [or] *and* appropriately located duplex receptacles in the common [area] *areas* of refuge [if applicable].

(c)— (f) (text unchanged).

(g) Necessary heating equipment to maintain a minimum temperature of [70] 71°F ([24] 22°C) in all common areas of refuge, if applicable.

(h)— (i) (text unchanged).

(j) Computer system, if applicable, to maintain electronic medical records system.

(4) Common Area or Areas of Refuge. If all [patient] *resident* rooms, *day rooms*, and toilet rooms are not tied into the emergency generator to provide heat *and cooling* in an emergency situation, the facility shall provide common area or areas of refuge for all [patients] *residents* as described below.

(a) (text unchanged)

(b) The 30 square feet (2.79 square meters) per bed shall include a minimum of 5 percent of the **[patients]** *resident* bedrooms. A minimum temperature of [70] 71 °F (22°C) *and a maximum temperature of 81 °F (27 °C)* shall be maintained in this area.

(c) (text unchanged)

(d) The facility shall provide to the Department for approval a written plan which defines the specified area or areas of refuge[,] and outlines paths of egress from the common areas of refuge, the provision for light, heat,[cooling], *food service, and the washing and toileting of [patients] residents.*

(5) Emergency Power Source. The emergency power source shall be a generating set and prime move located on the premises with automatic transfer. The following are required as part of the emergency power system:

(a)— (b) (text unchanged)

(c) The emergency generator shall have a capability of 48 hours of operation from fuel stored onsite.

(d) (text unchanged)

[(6) Applicability of Emergency Power Requirements.]

[(a) Within 12 months of the effective date of these requirements, existing facilities of 150 beds or more shall complete the installation and acceptance of a working system as required in this section.]

[(b) Within 18 months of the effective date of these requirements, existing facilities of 50 to 149 beds shall complete the installation and acceptance of a working system.]

[(c) Existing facilities of 49 beds or less shall have the option to:]

[(i) Install an acceptable system within 18 months of the effective date of these requirements; or]

[(ii) Provide a written evacuation/relocation plan for patients which shall be approved by the Department. There shall be a signed agreement between the nursing facility and the facility which agrees to accept the patients for the duration of the emergency. The agreement shall specify that there is sufficient emergency electrical power coverage to provide the care and services required by the patients admitted. A facility which opts to evacuate patients during an emergency shall be in compliance with requirements for emergency power for the purpose of egress as required by the Maryland State Fire Prevention Code and the Life Safety Code 101, as adopted by the State Fire Marshal's Office.]

[G.—H. (Repealed)]

[I] *E. Lighting [New Construction and Existing Facilities]. Each [patient's] resident's room* shall be lighted by outside windows and [also] shall have artificial light adequate for reading and other uses as required. All entrances, hallways, stairways, inclines, ramps, basements, attics, storerooms, kitchens, laundries, and service units shall have sufficient artificial lighting to prevent accidents and promote efficiency of service.

[J] *F. Minimally Maintained Lighting Levels [New Construction and Existing Facilities].* Lighting shall be adequate for activities conducted in given areas:

Area	Minimum Lighting
(1) Administrative areas	30 foot-candles
(2) Dining areas	30 foot-candles
(3) Recreation areas	100 foot-candles
(4) [Patient's] <i>Resident's</i> room	10 foot-candles
(5) [Patient's] <i>Resident's</i> reading lamps	30 foot-candles
(6) [Nurse's] <i>Nurses</i> station	20 foot-candles

(7) Medicine storage and preparation area	100 foot-candles
(8) Stairways	20 foot-candles
(9) Corridors	20 foot-candles

[K.] *G. Night Lights [New Construction and Existing Facilities].* There shall be sufficient lighting at night in selected areas of the facility (hallways, stairs and [designated] toilets) for the safety of the [patient] *resident* who must get up during the night. There also shall be one night light in each bedroom for [patients. In new construction the] *residents*. The night light shall be switched at the [patient] *resident* room door.

[L] *H. Heating System.* All facilities shall be equipped with a properly maintained and operative central heating system capable of maintaining 75°F (24°C) throughout the [patients'] *residents'* section of the building with the outside temperature defined by ASHRAE, American Society of Heating, Refrigerating and Air Conditioning Engineers, winter median of extreme temperature.

[M] *I. Approved Heating System.* The heating system shall be in compliance with NFPA [Code], ANSI (*American National Standards Institute*), ASHRAE, *other applicable codes* and all *Federal, State and local codes*.

[N] *J. Humidity.* The humidity shall be controlled according to ANSI/ASHRAE recommendations.

[O] *K. Auxiliary Heat [New Construction and Existing Facilities].* Appropriate provisions shall be made for emergency auxiliary heat by means of alternate sources of electric power, alternate fuels, or standby equipment.

[P] *L. Space Heaters.* Space heaters and portable heaters may not be used.

[Q] *M. Ventilation [New and Existing Facilities.* Existing facilities shall provide for adequate ventilation through windows or mechanical means or or a combination of both.]. [New] *All facilities shall meet the following requirements:*

(1) *Temperatures.* A minimum design temperature of 75°F (24°C) at winter design conditions shall be provided for all occupied areas.

(2) *Ventilation [System] Design Details.* All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 1, § [Q] *M*, below, shall be considered as [a] *the minimum acceptable rates* and may not be construed as precluding the use of higher ventilation rates.

(a) (text unchanged)

(b) The ventilation systems shall be designed and balanced to provide the pressure relationship as shown in Table 1.

(c)— (e) (text unchanged)

(f) All [filter] *filters* or filters efficiencies shall [be average atmospheric dust spot efficiencies tested in accordance] *comply with standards of ANSI/ASHRAE [Standard] 52[68] .2-2012.* Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing duct work. All joints between filter segments and the enclosing duct work shall be gasketed or sealed to provide a positive seal against air leakage. A manometer shall be installed across each filter bed serving central air systems.

(g) Air handling duct systems shall meet the requirements of [NFPA Standard 90A, 1976 Edition.] *NFPA90A, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.*

[(h) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of NFPA Standard 90A, 1976 Edition. Return, supply, and exhaust ducts which pass through a required smoke barrier, through which smoke can be transferred to another zone shall be provided with smoke dampers at the barrier, controlled to close automatically to prevent flow of air-laden smoke in either direction. Smoke dampers shall be equipped with automatic remote control reset devices except that manual reopening will be permitted if smoke dampers are conveniently located. All air ducts which pass through a required smoke barrier shall be provided with smoke damper at the barrier, actuated by smoke or products of combustion (other than heat) detectors. Smoke dampers shall actuate by smoke detectors located in the ducts at the smoke barrier, or by the smoke detectors used to close smoke barrier doors. All devices shall be interlocked with the fire alarm system. Reference should be made to the Life Safety Code, Chapter 10, NFPA 101.]

(h) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of NFPA Standard 90A, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes. Return, supply, and exhaust ducts which pass through a required smoke barrier, through which smoke can be transferred to another zone shall be provided with smoke dampers at the barrier, controlled to close automatically to prevent flow of air-laden smoke in either direction. Smoke dampers shall be equipped with automatic remote control reset devices except that manual reopening will be permitted if smoke dampers are conveniently located. All air ducts which pass through a required smoke barrier shall be provided with smoke damper at the barrier, actuated by smoke or products of combustion (other than heat) detectors. Smoke dampers shall actuate by smoke detectors located in the ducts at the smoke barrier, or by the smoke detectors used to close smoke barrier doors. All devices shall be interlocked with the fire alarm system. Reference should be made to the Life Safety Code, Chapter 10, NFPA 101 as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.

Table 1

<i>Pressure Relationships and Ventilation of Certain Areas of Long-Term Care</i>
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<i>Facilities Other [Than] than Chronic Disease Hospitals</i>					
Area Designation	Pressure Relationship [To] to Adjacent Areas	Minimum Air Changes of Outdoor Air [Per] per Hour Supplied [To] to Room	Minimum Total Air Changes [Per] per Hour Supplied [To] to Room	All Air Exhausted Directly [To] to Outdoors	Recirculated Within Room Units
[Patient] Resident Room	E	2	2	Optional	Optional
[Patient] Resident Area Corridor	E	2	4	Optional	Optional
Examination and Treatment Room	E	2	6	Optional	Optional
Physical Therapy	N	2	6	Optional	Optional
Occupational Therapy	N	2	6	Optional	Optional
Soiled Workroom or Soiled Holding	N	2	10	Yes	No
Clean Workroom or Clean Holding	P	2	4	Optional	Optional
Toilet Room	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Janitors' Closet(s)	N	Optional	10	Yes	No
Sterilizer Equipment Room	N	Optional	10	Yes	No
Linen and Trash Chute Room	N	Optional	10	Yes	No
Food Preparation Center	E	2	10	Yes	No
Warewashing Room	N	Optional	10	Yes	No
Dietary Day Storage	E	Optional	10	Yes	No
Laundry, General	E	2	10	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Clean Linen Storage	P	2	2	Optional	Optional

[————— P = Positive N = Negative E = Equal]

P = Positive; N = Negative; E = Equal

Table 2

Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Long-Term Care Facilities
Other [Than] than Chronic Disease Hospitals

Area Designation	Minimum Number of Filter Beds	Filter Efficiencies (Percent) Main Filter Bed
[Patient] <i>Resident</i> Care, Treatment, Diagnostic, and Related Areas	1	80*
Food Preparation Areas and Laundries	1	80
Administrative, Bulk Storage and Soiled Holding Areas	1	25

[—————]*May be reduced to 35 percent for all-outdoor air systems.

(i) In [new construction and existing facilities,] *all* exhaust hoods in food preparation centers shall have an air movement exhaust rate of not less than 50 feet per minute in the direction of the exhaust as measured at the front edge of the cooking surface. All hoods over cooking surfaces shall be in compliance with NFPA, 96, [1973 Edition, Standard] *Standards* for [the Installation of Equipment for the Removal of Smoke] *Ventilation Control and Fire Protection of Commercial Cooking [Equipment]Operations, promulgated by the State Fire Prevention Commission, as are applicable to nursing homes.*

(j) [New Construction and Existing Facilities] Boiler rooms *in all facilities* shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to 97°F (36°C) effective temperature as defined by ANSI/ASHRAE Handbook of Fundamentals.

[R. Air Conditioning. All new facilities shall be equipped with a properly maintained air conditioning system capable of maintaining 75° throughout the patients' section of the building. The system shall be in compliance with ASHRAE and NFPA Code and all State and local codes.]

N. Air Conditioning. All facilities shall be equipped with a properly maintained air conditioning system capable of maintaining 75° (24°C) throughout the residents' section of the building. The system shall be in compliance with ANSI, ASHRAE and NFPA Codes and all Federal, State and local codes.

[S.]*O. Screens* [New Construction and Existing Facilities]. *All facilities shall ensure the following:*

(1)— (7) (text unchanged)

[T] *P. Garbage Disposal.* Garbage shall be stored in water-tight containers with tight-fitting covers, and shall be emptied at frequent intervals. Containers shall be thoroughly scoured and aired before using again.

[U] *Q. Storage Space-Garbage.* Storage space shall be provided for garbage and trash awaiting pickup. *Where stored indoors, the room must be equipped with mechanically-operated ventilation at the same rate as that noted in Table 1 of §M (2) (h) of this regulation for a Linen & Trash Chute Room. Where stored outdoors, containers must be stored on a impervious spill-proof pad constructed of reinforced concrete.*

[V. Burning. If burning is the method used for disposal when no satisfactory garbage collection service is available for the purpose, an approved incinerator shall be used. The method of incinerator installation shall be approved by the local environmental representative of the county health department.]

R. Burning. The burning or incineration of garbage shall be prohibited.

[W] S. Medical Wastes. Disposal of medical wastes shall be accomplished in accordance with regulations promulgated by the Department or other State or federal agencies.

[X] T. Plumbing. All plumbing shall be installed in conformance with [existing building] all applicable Federal, State and [existing] local codes and ordinances. *Special attention shall be made with respect to the control of plumbing cross-connections, submerged outlets and back siphonage and protection of the plumbing systems and water supply within all facilities*[a nonconforming installation which is not an immediate hazard shall be corrected upon replacement.].

[Y] U. Sewage. The facility shall be serviced by a public sewage disposal system if available.

[Z] V. Private Sewage Disposal Approval. If no approved public sewerage system is available, a private sewage disposal may be accepted, if approved by the Department. Private systems shall comply with COMAR 26.04.02.

[AA] W. Water Supply. Facilities shall be served by water from a safe public water supply, if available, as determined by the Department *and in compliance with all Federal, State and local requirements.*

[BB] X. Approval of Private Water Supply. If a safe public water supply is not available, a private water supply may be used if it is approved by the Department *and in compliance with all Federal, State and local requirements.*

[CC] Y. Emergency Procedures. Emergency procedures shall be established and documented which enable the facility to provide water in all essential areas in the event of the loss of the normal water supply. *These written procedures shall be a part of the facility's Emergency and Disaster Plan, in conformance with §.24 of this chapter. These procedures shall describe the facility's plan to assure that there is an adequate amount of safe drinking water for all residents and staff, for a minimum of 72 hours, in the event that the facility would have to shelter in place during an emergency or disaster.*

[DD] Z. Adequacy of Pressure. The water supply shall be adequate in quantity and delivered under sufficient pressure to satisfactorily serve fixtures in the facility. A minimum pressure of 15 psi is required at top floor fixtures during demand period.

[EE] AA. Temperature. The water heating equipment shall supply adequate amounts of water according to the following temperature guidelines for:

(1) Washing, bathing, and other personal use, not more than 120°F (49°C) or less than 100°F (38°C);

(2) Food preparation use, in conformance with COMAR 10.15.03; and

(3) Laundry use, in conformance with the [water supply standards of the American Laundry Institute] *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 as Incorporated by Reference in §.01-1 of this chapter.*

[FF. Smoking. Each patient who must be confined to a bed for the greater part of the day shall be asked about his sensitivity or objection to smoking. Insofar as possible, non-smokers shall be housed with other non-smokers. Smoking areas shall be designated and ash trays of non-combustible material and safe design shall be provided. Patients may not smoke in bed except when confined to bed and supervised by a competent employee during the entire period of smoking.]

BB. Smoking. Smoking areas shall be designated. All facilities shall comply with the requirements of Maryland Occupational Safety and Health, Maryland Department of Labor and Licensing and Regulation, with respect to smoking indoors. Smoking shall be prohibited at the main entrance to all facilities. All tobacco products must be extinguished and disposed of within non-combustible containers with self-closing lids in accordance with the provisions of NFPA 101, Life Safety Code, as promulgated by the State Fire Prevention Commission. All residents that smoke must be assessed for safe smoking behaviors at admission and on significant changes in condition. All residents assessed to exhibit unsafe behaviors must have a care plan to ensure they are safe when they smoke.

[.27] .26 Nursing Care Unit.

A. Size. Nursing care units may not exceed 60 beds. The Department may specify the numbers and types of personnel for each unit which exceeds 40 beds.

[B. Service Areas Required in New Construction or for New Facilities.]

B. Service Areas Required. All nursing care units, regardless of size, including Special Care Units, are to be equipped as described in Regulation .25 of this chapter.

(1) Nurses'[Station] Work Area. The [nurses' station] *nurses' work area* shall be [centrally] *located* [in relation] *near* to [beds served] and [shall provide] *within* easy view of corridors outside of *resident's* rooms. The Department may specify the location and size of a nurses' [station] *work area* which serves a nursing care unit exceeding 40 beds. A nursing care unit also shall include:

(a) A toilet, within the care unit, for the use of personnel, a [handwashing] *hand washing* sink equipped with 4 inch wrist blades, goose-neck spout, and separate soap dispensers and *disposable paper* towel dispensers.

(b) Medicine storage cabinet with locks. Schedule II drugs shall be kept in separately locked, securely fixed boxes or drawers in a cabinet, under two locks, keyed differently; medicine storage and preparation area with illumination of 100 [foot candles] *foot-candles* at the work counter; preparation area shall include a small sink set into the counter or with drain boards;

biological refrigerator. Spaces housing medicine storage cabinet, medicine preparation area, and biological refrigerator shall be under the direct visual control of the nursing or pharmacy staff.

(c)— (e) (text unchanged)

(f) Sufficient space and equipment for medical records which enables personnel to function in an effective manner and to maintain records on all [patients] *residents* so they are easily accessible.

[(2) Nurses' Station—Existing Facility. Each care unit shall have a nurses' station provided with a medicine storage cabinet and preparation counter or table having adequate lighting overhead. A handsink with hot and cold running water shall be convenient to the nurses' station.]

[(3)] (2) *Medication Storage Facilities*—Because specific temperatures are often required for the safe storage of drugs, the storage facilities shall provide for the following conditions when prescribed:

[(a) Cold—Any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which the temperature is maintained thermostatically between 2°C and 8°C (46° and 59°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20°C and -10°C (-4° and -14°F).]

(a) Cold—Any temperature not exceeding 46°F (8°C). A refrigerator is a cold place in which the temperature is maintained thermostatically between 46°F and 59°F (8°C and 15°C). A freezer is a cold place in which the temperature is maintained thermostatically between -4°F and -14°F (-20°C and -26°C).

[(b) Cool—Any temperature between 8°C and 15°C (46° and 59°F). An article for which storage in a cool place is directed may, alternatively, be stored in a refrigerator, unless otherwise specified in the individual monograph.]

(b) Cool—Any temperature between 46°F and 59°F (8°C and 15°C). An article for which storage in a cool place is directed may, alternatively, be stored in a refrigerator, unless otherwise specified in the individual monograph.

[(c) Room Temperature—The temperature prevailing in a working area. Controlled room temperature is a temperature maintained thermostatically between 15°C and 30°C (59° and 86°F).]

(c) Room Temperature—The temperature prevailing in a working area. Controlled room temperature is a temperature maintained thermostatically between 59°F and 86° F (15°C and 30°C).

[(d) Warm—Any temperature between 30°C and 40°C (86° and 104°F).]

(d) Warm—Any temperature between 86°F and 104°F (30°C and 40°C).

[(e) Excessive Heat—Any temperature above 40°C (104°F).]

(e) *Excessive Heat*—Any temperature above 104°F (40°C).

(f) —(g) (text unchanged)

[(4)] (3) *Space for Storage of Linen* [New Construction and Existing Facilities.]. Capacity shall be provided for storage of at least two complete changes per bed. Clean linen shall be stored separately from [non-clean] *unclean* items.

[(5)] (4) [Janitors' Closet New Construction] *Janitor's Closet*. Each nursing unit shall contain at least one janitors' closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies. The janitors' closet shall be equipped for [handwashing] *hand washing*. *The janitor's closet shall be connected to mechanically operated exhaust ventilation. The plumbing fixture for the utility or service sink within a janitor's closet must be provided with an approved back-flow prevention device, as approved by the Department.*

[(6)] (5) *Utility Rooms*.

(a) There shall be separate clean and soiled utility rooms in each nursing unit, accessible to the [patient] *resident* area, no more than 120 feet to the most remote[patient] *resident* bedroom. There shall be a separate entrance into each room.

(b) The clean utility room shall contain:

[(i)] Wall and base cabinets with stain resistant counter top;]

(i) *Hand washing sink equipped with gooseneck sprout and 4 inch wrist blades, and soap and disposable paper towel dispenser;*

(ii) A small sink set into the counter, or with [drainboards] *drain boards*; sink shall be equipped with gooseneck [spout] *faucet* and 4 inch wrist blades;

(iii) (text unchanged)

(iv) (text unchanged)

(c) The soiled utility room shall contain:

(i) Work counter with sink, gooseneck faucet, and wrist blades;

(ii) A separate wall-hung [hand] sink for [handwashing] *hand washing*, equipped with 4 inch wrist blades and soap and *disposable paper towel* dispensers.

(iii) Space for waste receptacles and soiled linen receptacles; provision for storing and transporting *waste and* soiled linen in covered [leakproof] *leak proof* containers;

(iv) Equipment, approved by the Department, to clean and sanitize bedpans, urinals, and basins, *and for the disposal of liquid and semi-solid wastes and bodily fluids via the facility's sanitary sewer connection or on-site sewage disposal system.*

[(7)] (6) *Utility Rooms [Existing]. Culture Change Facility. In [existing] culture change facilities service areas shall be provided for [patient] resident care [items which are acceptable to] needs as approved by the Department. Provision shall be required for clean storage, soiled holding, laundry, janitorial services and medication storage.*

C. Call System— [New Construction]. A nurse call system shall be installed and maintained in operating order in all nursing units. Call systems shall be maintained in a manner that will provide visible and audible signal communication between nursing personnel and [patients] residents. The minimum requirements are:

(1) A call station or stations providing detachable extension cords to each [patient's] resident's bed in the [patients'] residents' rooms. These extension cords shall be readily accessible to [patients] residents at all times.

(2) A visible signal in the corridor above the corridor door of each [patient's] resident's bedroom, visible from all parts of the corridor. *In multi-corridor nursing units, visual lights must be provided at corridor intersections.*

[(3) An audible signal and a nurses' call enunciator indicating the room from which the call originates or an alternate system approved in writing by the Department, shall be located at the nurses' station. The sounding of the audible signal shall be continuous or intermittent until answered. The audible signal may not be turned off at the nursing station.]

(3) An audible signal and nurses' call enunciator indicating the room from which the call originates or an alternate system approved in writing by the Department, shall be located at the nurses' station. Call systems that employ the use of wireless pagers or other wireless communication devices may be approved as an alternative system by the Department:

(a) Where these devices are issued to all assigned direct care staff, and where these wireless devices receive signals originating from residents' bedrooms, bathrooms, bathing areas, and therapy areas.

(b) The use of approved wireless call systems shall negate the need to install light fixtures outside of all resident's bedrooms, bathrooms, bathing areas and therapy areas.

(c) A computer system with monitor or other electronic display device may be installed to replace the call system enunciator provided the location from where the signal originated and an audible alert tone would be produced. Otherwise, a dedicated enunciator connected to the wireless call system will be allowed.

(d) The indicating audible and visual signals produced by any call station must continuous or intermittent until the call would be answered. The signal may not be turned off at the nursing station.

(e) The call system, if electrically powered, must be connected to the emergency power supply.

(f) The sounding of the audible signal shall be continuous or intermittent until answered.

(g) *The audible signal may not be turned off at the nursing station. *

(h) *The audible signal shall be heard throughout the nursing care unit as well as at the nurses' station.*

(4) A call system shall be provided in each [patient's toilet room,] *resident's* bathroom, and [shower stall] *bathing area* in locations [*easily*] accessible to the [patients] *residents*. The call system shall enable [patient's] *residents* in the rehabilitation area to summon rehabilitation staff.

(5) The [nurses] *nurses'* call system shall be so [designed] *designated* as to require resetting at the station where the call originates.

[D. Call System—Existing Facilities. Existing facilities (those facilities licensed at the time this regulation becomes effective) shall provide some method/means of a patient summoning aid that shall include as minimum a combined visual and audible signal that is audible at the nurses' station and simultaneously activates a light located in the hall, outside of and adjacent to the patient's room. The activating device for those signals shall be located in each patient's room and each and every bathing compartment and toilet room or compartment used by patients. Exceptions may be made in part at the discretion of the Department for an individual facility only when the facility can demonstrate compliance with the intent of this section by showing an effective patient call system to provide quality patient care.]

[E.] *D. Drinking Fountains.* One public drinking fountain *or equipment as approved by the Department* shall be provided [one] *on* each floor, usable from a wheelchair. *Alternative means to provide drinking water to residents, staff, and the general public may be accepted as approved by the Department.*

[.28] .27 Resident Bedroom and Toilet Facilities.

A. Unless otherwise noted, requirements are applicable to [existing facilities as well as new] *all* facilities.

B. Bedroom Accommodations. The following requirements shall be met:

[(1) Each patient's room shall have direct access to an exit as specified by the Life Safety Code.]

(1) Each resident's room shall have direct access to an exit as specified by the Life Safety Code NFPA 101, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes;

(2) A room which opens into the kitchen may not be used as a [patient] *resident* bedroom;

(3) A room may not be used as a [patient] *resident* bedroom which necessitates passing through a kitchen to reach any other area;

(4) [Patients] *Residents* may not occupy rooms extending below the ground level;

(5) More than [six] *four* persons may not occupy a multiple occupancy bedroom;

(6) [Care] *Resident's beds* shall [be exercised to prevent beds from being] *not be* located near radiators, registers, or sources of draft;

(7) [In new construction] All *facilities shall provide* cubicle curtains and tracks [shall be provided] in multiple occupancy bedrooms between beds to insure privacy of [patients when necessary] *residents*;

[Agency Note: In existing facilities, curtains or screens shall be acceptable.]

(8) Adequate [closet] *storage* space shall be provided in, [or convenient to] each bedroom to allow each [patient] *resident to* keep necessary items of clothing [Where closets are locked, a master key or duplicate key shall be available in the administrator's office.], *for items that need to be hung*. Adequate storage space shall be provided for [patient's] *residents'* personal possessions, including the storage of seasonal clothing;

(9) Each facility shall maintain, at all times, the capability to physically isolate any [patient] *resident* who may contract a communicable disease from the remaining [patient] *resident* population. [This shall include access to bathing and toilet] *To provide for this*, facilities [not used by the rest of the patient population] *shall have at least one private bedroom with an attached private bathroom that includes toilet, hand washing lavatory, and bathing device or shower*;

(10) All occupants of any bedroom shall be of the same sex, except in the case of a two-bed room occupied [only by husband and wife] *by opposite gender siblings, opposite gender parent and child, a married couple, or two consenting residents*.

C. Floor and Window Space. The following requirements shall be met:

(1) A distance of at least 3 feet shall be maintained between each bed. [Each bed is] *Beds are to* be placed so that all sides of the bed are at least 18 inches from walls or heating units;

(2) The following allowance of floor space shall be considered a minimum:

(a) Single-bed room-----100 square feet;

(b) Multiple-bed rooms-----80 square feet (per bed).

[Agency Note: Recommended for multi-bed rooms, 100 square feet per bed; single-bed rooms, 125 square feet per bed.]

(3) For any bedroom [in a new facility] *within all facilities*, the following floor areas may not be included in the calculation of floor space:

(a) The floor area of toilet rooms and bathing facilities;

(b) The floor area of closets;

(c) The floor area occupied by wardrobes, bureaus, or lockers, *when such are permanently installed as part of walls or ceilings and as a permanent component of a bedroom*;

(d) The floor area occupied by, or directly under, any HVAC equipment, including any steam, water, or electrical supply or return lines which may run parallel to the floor, or interrupt the floor surface;

(e) The floor area occupied by any support columns, pipe chases, or other structure, whether free-standing or as an integral part of a wall; and

(f) The floor area described by the arc of any door, excluding closet doors, which open into the room.

(4) For [any bedroom in a new facility] *all facilities*, the minimum horizontal dimension is to be 10 feet to facilitate the placement of beds as required in § .28 C (1) of this [regulation] *chapter* and to maintain a minimum clearance of 3 feet at the foot of the bed;

[(5) In existing facilities, the usable floor area for rooms having sloping walls shall be calculated for bed occupancy only for that area having a ceiling height of 8 feet and 50 percent of the area having ceiling height of between 4 feet and 7 feet 6 inches provided that at least 50 percent of the total area has a ceiling height of 8 feet. The minimum horizontal dimension of any room shall be 9 feet.];

(5) All bedrooms shall have a finished ceiling height of 8 feet. For bedrooms which have sloping walls, only 50 percent of the floor area with a ceiling height between 4 feet and 7 feet 6 inches shall be credited, provided that least 50 percent of the total area of the bedroom has a ceiling height of 8 feet;

[(6) The window area may not be less than 10 square feet per bed, half of which is able to be opened. A window opening shall be at least 28 inches X 28 inches (to permit entry of firemen, removal of smoke, and emergency evacuation). In case of air-conditioning, the presence of portable air-conditioning units may not block window space. The installation of portable air-conditioning units shall be approved by fire authorities.]

(6) The window area within each bedroom may not be less than 10 square feet per bed; the window opening shall be at least 28 inches by the other dimension to that which corresponds to 10 square feet per bed. This is to allow for entry of fire fighters, removal of smoke, and emergency evacuation. In facilities that use portable window air conditioning units, the presence of air-conditioning units shall not block window space. The installation of portable air-conditioning units shall be approved by local fire authorities and the Department. If windows cannot be opened, central Heating, Ventilation and Air Conditioning (HVAC) systems must be provided and maintained. The maximum height from the floor to the top of a window sill shall be 44 inches above the finished floor. If windows can be opened, but the facility has concern over the window being opened due to resident safety issues (elopement, etc), then the window sash may be restricted by hardware as approved by the Department.

D. Furnishings. The following shall be provided:

(1) Each [patient] *resident* shall be provided with [his] *the residents* own bed, which shall be at least 36 inches wide, be substantially constructed and in good repair. Rollaway type beds, cots or folding beds may not be used;

(2) Each bed [shall be] provided [with satisfactory type springs] *shall be* in good repair, [and] with a clean comfortable mattress, standard in size for the bed. *Mattresses and foundations that do not fit the bed are prohibited due to a risk for injury to the resident;*

(3) Each bed shall be provided with *clean linen in good condition and* a clean, comfortable pillow. Extra pillows shall be available;

(4) Each [patient] *resident* shall be provided with the following furnishings which shall be convenient to the [patient] *resident*:

(a) Bedside stand with a drawer;

(b) Towel [rack] *hanger*. A towel [rack in an existing private] *hanger within the attached bathroom to a resident's bedroom* satisfies this requirement;

(c) A comfortable chair;

(d) [At least two dresser drawers in a chest of drawers.] *A chest of drawers with at least one locking drawer;*

(e) Enclosed space for hanging clothing *as required by §.27 B (8) of this chapter;*

(f) Wall mirror in each room (unless contraindicated by physician's order);

(g) Bedside lamp, *over bed lamp* or other directional light source for [patient] *resident* reading or bedside care, or both;

(h) All facilities shall develop policies and procedures to permit resident's the opportunity to furnish their own furnishings as detailed in §.27 D (4) of this chapter. These policies shall address the condition of the personal furnishings, presence of insects or vermin, and overall safety to ensure that the use of the resident's belongings would not create any safety or health issues. Personal furnishings that are allowed must be appropriate for the resident's use.

(5) Windows shall be provided with shades or draperies adequate to control glare and maintain privacy;

(6) Each living room for [patients] *residents'* use shall be provided with a sufficient number of reading lamps, tables, and comfortable chairs or sofas;

(7) [In new construction each patient's room] *All bedrooms* shall be provided with a[lavatory] *hand washing sink* with both hot and cold running water unless [private] toilet or bathroom facilities are connected to the bedroom;

(8) There shall be at least one bathtub or shower, or bathing device (approved by the Department), in a separate room or compartment for *every 12 licensed beds exclusive of bathing devices within a private bedroom or isolation bathroom*. The compartment shall be large enough to accommodate wheelchair, *shower chair, shower bed*, and [attendant] *caregiver*;

(9) There shall be at least one toilet room on each floor large enough to accommodate wheelchair and [attendant] *caregiver*, to permit toilet assistance or training;

Agency Note: If the toilet facilities described above are [provided in] *attached to each private [patient toilet room] or semi-private residents, bedroom*, a separate toilet room on every floor will not be required. An inter-connecting bathroom may not be considered a private bath.

(10) For each eight beds there shall be at least one toilet enclosed in a separate room or stall;

(11) There shall be one lavatory hand washing sink for every four licensed beds excluding *licensed beds in private and isolation bedrooms with private lavatories* [found within private bedrooms or isolation bedrooms];

(12) For [handwashing] *hand washing* purposes there shall be a towel dispenser and a supply of paper towels and soap dispenser adjacent to [all lavatories] *each lavatory*;

[(13) Bedpans, Urinals, and Basins-----New and Existing Facilities.]

[(a) Each floor of the facility shall be equipped with equipment, approved by the Department, to clean and sanitize bedpans, urinals, and basins.]

[(b) Common-use pans and urinals shall be cleaned and sanitized after each patient use (sanitization by heat, chemicals, gas, or other means approved by the Department).]

[(c) Disposable pans and urinals shall be cleaned and sanitized when needed or at least weekly; they shall be discarded when damaged or no longer in cleanable condition. Disposable pans, even though sanitized, may not be transferred from one patient to another.]

[(d) Pans and urinals used in isolation cases shall be sterilized by approved methods.]

(13) Medication storage cabinets with locks shall be permitted for the storage of resident medications within a resident bedroom, where the medication being stored does not require refrigeration. Controlled medications to be stored within such cabinets must be held within a separate compartment that is locked and inside of the larger medication storage cabinet.

[E. Body Holding Room-----New and Existing Facilities. In a new facility, if a body holding room is provided, it shall be located to facilitate quiet and unobtrusive ingress and egress of bodies, convenient to the elevator and with an isolated exit. If a body holding room is not provided, a holding area shall be designated which approximates the above conditions.]

E. Body Holding Room. If a body holding room is provided, it shall be located to facilitate quiet and unobtrusive ingress and egress of bodies, convenient to the elevator and with an isolated exit. A body holding room shall be equipped with ventilation by mechanical means at the same rate and specifications as designed for Soiled Linen Sorting and Storage areas. If a body holding room is not provided, a holding area shall be designated which approximates the above conditions.

Agency Note: [Existing] *All facilities shall provide develop and implement a method for body holding which minimizes the psychological effect on other [patients] residents in the nursing home.*

[.29] .28 Equipment and Supplies for Bedside Care and Therapy.

A. Needs of [Patients] *Residents*. There shall be sufficient equipment to meet the needs of the type [patients] *of residents* admitted. It shall be the responsibility of the administrator to obtain specific items required for individual cases where requested by the attending physician or supervisor of care services. The Department may require specific types of equipment based on the needs of the [patients] *residents*. All facilities shall establish and enforce a written preventive maintenance program to ensure that all [essential mechanical, electrical, and patient care] *resident care and therapy* equipment is maintained in safe operating condition.

B. Use of [Hot Water Bottles and, Ice Caps] *hot packs, ice packs and other therapeutic medical devices*. Covers shall be placed on hot [water bottles and, ice caps] *hot packs, ice packs and other therapeutic medical devices* before they are placed in a bed or on a [patient] *resident*. The [water] temperatures [in hot water bottles] may not exceed 120°F (49°C). [Heating pads may not be used instead of hot water bottles.] *The use of hot and cold medical devices shall be consistent with manufacturer' guidelines, facility policies, and maintained and applied by staff trained in their use.*

[.30] .29 Rehabilitation Facilities — Space and Equipment.

A. Space.

(1) There shall be adequate space for the reception, examination, and treatment of [patients] *residents*; storage of supplies and equipment including wheelchairs and stretchers; and office space for the personnel employed;

(2) Seventy-five square feet shall be allotted for treatment area per [patient] *resident* based on peak treatment schedules;

Agency Note: Recommended space: Storage—10 percent of area designated for exercise and rehabilitation; Office—one therapist, 110 square feet; two or more, 85 square feet per therapist.

(3) Space may be planned and arranged for shared use by physical therapy and occupational therapy staff and [patients] *residents* if scheduling permits.

B. Equipment.

(1) Equipment shall be of a type that will provide safe and effective [patient] *resident* care;

(2) All electrical equipment shall be calibrated according to manufacturers' directions and shall be periodically serviced as part of a preventive maintenance program. A sticker bearing the date of the most current inspection shall be affixed on each piece of equipment;

(3) All electrical equipment shall be periodically tested for proper grounding, current leakage, and calibration where appropriate;

(4) Operator's instruction booklet shall be available in a designated location at all times;

(5) All flammables shall be stored in compliance with NFPA 30, [flammable] *Flammable* and [combustible liquids code]. *Combustible Liquids Code*, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes;

(6) [Due care] *Adequate exhaust ventilation* shall be [taken in] *provided when* using vaporous materials or pollutants.

C. Toilet Facilities in Rehabilitation Area. [In new construction], *All facilities with rehabilitation areas shall provide a [lavatory] hand washing sink and toilet [which] that meet ANSI A117.1 standards for residents who are dependent on the use of a wheelchair [patients].. These facilities shall be readily accessible to [the] residents being provided rehabilitative services. All toilet and bathing rooms within a rehabilitation [patients] area must be equipped with a nurse call system as described in §.26C of this chapter.*

[.31] .30 Dayroom and Dining Area.

A. Resident Dining, Occupational Therapy, and Activities Program. There shall be provided one or more attractively furnished areas of adequate size for resident dining, occupational therapy, and social activities. Activities space of adequate size to meet the needs of the residents shall be located on each floor occupied by residents.

B. Dining Area. In all facilities, the dining [area] *areas* shall be large enough to accommodate all [patients able to eat out of their rooms] *.residents. There shall be an allowance of at least 12 square feet per [ambulatory patient] resident; this allowance shall be substantially increased proportionately to the number of residents who are dependent upon the use of a wheelchair [cases]. There shall be at least 12 square feet per licensed bed for 50 percent of the total licensed beds. The height of tables provided in dining areas shall accommodate each resident using a wheelchair.*

C. Dayroom Area. Dayroom areas shall be provided, adequate for the [patients capable of using them] *residents located on each nursing care unit and convenient to [] residents' bedrooms.*

D. Multi [-purpose] *Purpose* Room. If a multi-purpose room is used for dining, occupational *and physical* therapy, and social activities, there shall be sufficient space to accommodate all activities without interference with each other. The total areas set aside for [patients'] residents' dining and recreation areas shall be no less than 30 square feet per *licensed* bed for the first 100 beds[and], *plus 27 square feet per licensed bed for all beds in excess of 100. Areas that meet this requirement may include reception areas and lobbies (portion not required for egress per the Life Safety Code, NFPA 101, as promulgated by the State Fire Prevention Commission, as are applicable to nursing homes), hair care or salon rooms, resident gift shops, theater or auditorium, spiritual worship or meditation areas, dayrooms, dining areas, libraries, 50 percent of the floor area of all occupational and physical therapy areas, and other areas as approved by the Department.*

[.32] .31 Dietetic Service Area.

A. Food Service Department. The location of the food *service* [are] *area* shall be approved by the Department. A [facility which holds full licensure as of the adoption of these regulations shall be considered as having an appropriately located food service area]. *A catered or satellite system shall be covered by a contract approved by the Department, where the vendor providing food must have a valid food service permit*

B. – D. (text unchanged)

E. [Janitor's] *Janitor's* Closet or Service Area. [(1) New Construction. A janitor's] *A janitor's* closet or service alcove for exclusive use of food service areas shall be provided in, or adjacent to, the dietetic service department. It shall be equipped with a utility sink, storage shelves, [and] a rack for hanging brooms and mops, *and the closet or alcove shall be connected to mechanically operated exhaust ventilation. The plumbing fixture for the utility sink within a janitor's closet must be provided with an approved back-flow prevention devices as approved by the Department.*

[(2) Existing Facility. A utility sink shall be provided within reasonable distance from the food service department for its use, but it may be shared with other activities. Space near the utility sink shall be provided for the storage of brooms, mops, and cleaning materials.]

F. Space.

[(1) New Construction. New construction providing a conventional type food service program shall have the following minimal space requirements (excluding bulk food-storage areas, dining areas, and separate floor pantries). Modification of the following minimum space will be made in the event that the facility can demonstrate that the use of convenience food, disposables, or equipment, require less space for operation. However, once a facility elects to use these procedures or systems and a modification is granted, the systems may not be changed without prior approval of the Department. The Department in these cases may require additional space to be provided.]

(1) There shall be sufficient floor space in the food service department to permit all activities to function efficiently without overcrowding and thus creating the potential for cross-contamination of food or equipment from soiled surfaces.

<i>Home's Licensed Capacity for [Patients]Residents</i>	<i>Minimum Space</i>
<i>(a) 2 to 10</i>	<i>120 square feet.</i>
<i>(b) 11 to 35</i>	<i>132 square feet plus 12 square feet per licensed bed in excess of 11.</i>
<i>(c) 36 to 100</i>	<i>430 square feet plus 10 square feet per licensed bed in excess of 36.</i>

(d) over 100	1,070 square feet plus 8 square feet per licensed bed in excess of 100.
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(2) Renovations of [existing] *all* kitchens shall be approved by the Department which will consider modification of the minimum space requirement based on space available, costs and type of service.

(3) Aisle space between working areas shall be at least 3 feet; main traffic shall be at least 5 feet.

(4) Ceiling height shall be at least 9 feet.

Agency Note: 10 foot ceiling height is recommended.

[(5) Existing Facility. A facility which holds full licensure as of the adoption of these regulations shall be considered as having an adequate size dietetic service department.]

[(6)] (5) *If* the licensed capacity of a facility is increased, or meals are provided to anyone outside of the facility from the food service area of the facility, the facility shall provide additional food service area in accordance with[§F(1), (3), and (4) of this regulation] *Regulation .31F(1), (2), (3), and (4) of this chapter*. The additional food service [area] required when meals are provided to anyone outside of the facility is to be calculated by using the total number of individuals to whom meals are provided.

[(7)] 6) The kitchen space requirement in [§F(6) of this regulation] *Regulation .31F (5) of this chapter* does not apply to occasional special functions such as picnics or dinners for residents, volunteers, families or community groups provided the facility certifies to the Department that the provision of meals for the particular special function will not adversely affect or detract from the timely provision of meals to the residents of the facility.

G. Floor Pantries [New Construction.]

(1) [In a decentralized] *There shall be at least one* food service [the area or areas for] *floor* [pantries shall be approved by the Department] *pantry per nursing care unit*.

(2) This area shall be of sufficient size to accommodate the equipment required for food preparation and service.

[Agency Note: The following equipment is recommended:]

[(a) Equipment to maintain food at correct temperature;]

[(b) Toaster;]

[(c) Hot plate;]

[(d) Refrigerator;]

[(e) Ice-making machine or ice-storage container;]

[(f) Work space for tray preparation;]

[(g) Equipment for delivery of completed trays;]

[(h) Three-compartment sink or dishwasher;]

[(i) Cabinet for dry storage and supplies;]

[(j) Storage for trays, tableware, flatware, and utensils;]

[(k) Hand washing sink with soap and towel dispenser or approved drying device.]

[(3) At least one nourishment pantry convenient to the nursing station shall be provided on each floor in facilities using a centralized food service system. Minimum equipment shall include the following:]

[(a) Refrigerators;]

[(b) Cabinets for dry storage and supplies;]

[(c) Work space;]

[(d) Sink for purposes other than handwashing;]

[(e) Handwashing sink with soap and towel dispenser or approved drying device.]

(3) All equipment provided in food service floor pantries must comply with the requirements of the local health department.

(4) Each food service floor pantry shall include the following:

(a) Refrigerator;

(b) Cabinets for dry storage and supplies;

(c) Work space.

(d) Sink for purposes other than hand washing.

(e) Hand washing sink with soap dispenser and disposable paper towel dispenser;

(f) Equipment to hot hold food if bulk foods are plated and served to the residents on the nursing care unit. Not applicable for trays assembled in the main kitchen and then distributed to the nursing care units.

Agency Note: The following other equipment is recommended:

- (a) Toaster;*
- (b) Ice-making machine or ice-storage container;*
- (c) Work space for tray preparation;*
- (d) Equipment for the delivery of completed trays;*
- (e) Three-compartment sanitizing sink or dishwasher;*
- (f) Cabinet for dry storage, supplies and kitchenware;*
- (g) Storage for trays, tableware, flatware, and utensils.*

H. Equipment for Food Preparation and Distribution. The following requirements shall be [met] provided:

- (1) Adequate equipment for preparation, serving, and distribution of food shall be provided;
- (2) A dumbwaiter, elevator, or ramp shall be provided in a facility of more than one story where more than eight [patients] *residents*, above or below the kitchen level, receive bedside tray service;
- (3) Equipment to protect food from dust or contamination and to maintain food at proper temperature shall be provided for transportation of food to the [patients].*residents*.

I. Dry Food Storage. The following requirements shall be met:

- (1) Adequate space shall be provided for the storage of food supplies;

Agency Note: The amount of storage space needed is dependent upon frequency of deliveries. It is recommended that 2 square feet per [patient] *resident* be provided and that the area be located within easy access to the receiving area and the kitchen.

- (2) The storeroom shall be cool and well ventilated;
- (3) All food supplies shall be stored off the floor and away from the wall to allow for cleaning.

[Agency Note: Care should be exercised in the rotation of stored food so that old stock is used first.]

J. Refrigerated Storage. Adequate refrigerated storage, refrigerators and frozen food storage cabinets[,] shall be provided which are regulated to maintain temperatures prescribed in COMAR 10.15.03 Food Service Facilities.

Agency Note: Food in storage shall be arranged such that new food items are stored behind old food items so that the oldest foods are used first, First In First Out.

[.33] .32 Administrative Areas.

A. [New Construction. In new construction] *All facilities shall provide* a separate room or rooms [shall be provided] for the administrator and staff. Sufficient areas shall be provided to accommodate all necessary office furniture, files, and other equipment, including provision for the safe storage of [patients'] *residents'* valuables.

[B. Existing Facilities. In existing facilities, an administrative area shall be provided which is suitable for conducting business or discussing in privacy problems with the patient's sponsor.][C. Lobby Area. In new construction, facility]

B. Lobby Area. All facilities shall provide a lobby area. Public toilets for both sexes shall be located conveniently to this area. Telephone service and drinking fountains or other drinking water dispersers which meet ANSI standards also shall be provided.

[D] C. Employee Facilities [New Construction. In new construction]. *All facilities shall provide* separate locker rooms and toilet facilities [shall be provided] for male and female employees in each facility.

[E] D. Employee Facilities—Existing Facilities. In existing facilities a sufficient number of lockers capable of being securely locked shall be provided for all employees working at any one time, and provision shall be made for the use of toilet facilities at a convenient location.

[.34] .33 Housekeeping Services, Pest Control, and Laundry.

A. Staff. Sufficient housekeeping and maintenance personnel shall be employed to maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive [manner] *manner*.

B. Cleanliness and Maintenance. The following shall be observed:

(1) The building and all its parts and facilities shall be kept in good repair, neat and attractive. The safety and comfort of the [patients] *residents* shall be the first consideration.

(2) All walls, floors, ceilings, windows, and fixtures shall be kept clean. Interior walls and floors shall be of a character to permit frequent and easy cleaning.

(3) The facility shall be kept free of unnecessary accumulations of personal possessions, boxes, trunks, suitcases, papers, unused furniture, bed clothing, linens, bric-a-brac, and similar items. *All storage areas shall be maintained in a clean and orderly manner, readily accessible to accommodate housekeeping, maintenance, and pest control servicing.*

(4) The grounds shall be kept clean, neat, attractive, and free of hazards.

(5) The facility shall be maintained free of insects and rodents by operation of an active pest-control program, either by use of maintenance personnel or by contract with pest-control company. Care shall be exercised in the usage and storage of toxic and flammable insecticides and rodenticides. Usage shall conform to the U.S. Environmental Protection Administration and Maryland Department of Agriculture requirements.

Agency Note: Refer to Regulation [.26 S] .26 O of this chapter for window screening requirements.

[C. Laundries-New Facilities. In laundries in new facilities there shall be a physical separation between the "clean" and "soil" areas. There shall be provision for the laundering of patients' clothing. Hot water temperatures in laundries shall conform to applicable standards of the International Fabric Care Institute for laundry water supply.]

C. Laundries.

(1) All facilities shall comply with the following:

(a) All facilities shall provide laundry service, whether provided on-site or off-site;

(b) Laundry service shall be provided as needed to meet the needs of the residents;

(2) For facilities which process laundry on site, they shall comply with the following:

(a) All laundry shall be processed and handled in a manner that will prevent the spread of infection. Staff working in laundry shall be provided with personal protective equipment including disposable gloves, masks and body coverings.

(b) All laundry shall be processed through the use of sufficiently hot water, chemical agents, or a combination of the both, for the removal or destruction of infectious biological materials.

(c) There shall be a physical separation between the "clean" and "soiled" areas [There shall be provision for the laundering of patients' clothing. Hot water temperatures in laundries shall conform to applicable standards of the International Fabric Care Institute] of a laundry. The "soiled" area shall include that for [laundry] sorting and for washing of soiled laundry. The "clean" area shall provide for drying and folding of clean laundry.

(d) The Heating, Air Conditioning and Ventilation (HVAC) system provided in laundries shall not allow for the spread of airborne contaminants to other parts of the facility that are occupied by residents, staff not working in laundry, and the general public.

(e) All soiled areas within a laundry must be connected to mechanically operated exhaust ventilation.

(f) The plumbing fixtures for all water supply connections to washing machines, and the plumbing fixtures for all utility sinks, must be provided with integrated atmospheric vacuum breaker or other approved back-flow prevention devices as approved by the Department.

[D. Laundries-Existing Facilities. In existing facilities where a physical separation is not possible, exceptions as to approved laundry facilities may be made at the discretion of the Department. There shall be provision for the laundering of patients' clothing. Hot water temperatures in laundries shall conform to applicable standards of the International Fabric Care Institute for laundry water supply.]

[.35] .34 Resident Care Management System.

A. —B. (text unchanged)

[.36] .35 Resident Status Assessment.

A.—B. (text unchanged)

C. A facility shall use the following forms and procedures for resident assessment as described in the State Operations Manual for Provider Certification:

(1)[Minimum Data Set (MDS) version as determined by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, in Transmittal No. 22, referenced in §B of this regulation;] *Minimum Data Set (MDS) version as determined to be current by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.*

(2) [Resident Assessment Protocol Summary;] Care Area Assessment [Form] Summary Process

(3)— (5) (text unchanged)

D. [The facility shall complete all assessments in accordance with the provisions of 42CFR §§ 483.20 and 413.343.] *The facility shall complete all assessments in accordance with the provisions of 42 CFR §§ 483.20(Rev.66; Effective 10-01-10).*

[E. All facilities certified for participation in Medicare or Medicaid shall complete and electronically submit the assessment to the Department not later than 31 days after completion of the assessment.]

E. All facilities certified for participation in Medicare or Medicaid shall complete and electronically submit the assessment to the CMS system (QIES ASAP) according to the Automated Data Processing Requirements which identifies the format used that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the state.

(1)Encoding Data within the identified ARD (Assessment Reference Dates)

(2) Transmitting Data at least 14 days for all Assessments completed within the prior two week period.

F. A facility as a comprehensive or extended care facility but not certified for participation in the Medicare or Medicaid Program shall comply with the State Operations Manual for Provider Certification, except that data may not be electronically submitted to the Department.

[.37] .36 Care Planning.

A. —B. (text unchanged)

C. A facility shall give a family member or resident's representative 7 calendar days advance notice, in writing, of the location, date, and time of the care planning conference for a resident for whom a family member or representative is interested. *With the resident's consent, the notification shall include an invitation for the family member or resident's representative to attend the conference.*

D— G. (text unchanged)

[.38] **.37 *Special Skin Record.*** (text unchanged)

[.39] **.38 *Geriatric Nursing Assistant Program.***

A. Facility Responsibilities.

(1) Each facility shall conduct or arrange a [nurses' aide] *nursing assistant* training program for unlicensed personnel assigned direct [patient] *resident* care duties. [This requirement does not extend to physical or occupational therapy assistants or to other employees performing delegated, non-nursing functions. The facility may use an outside program if it has been reviewed and approved by the Department.] *All training program curriculums must be approved by the Maryland Board of Nursing.*

[(2) Each facility shall submit a written proposal to the Department for satisfying the developmental training program requirement.]

(2) *A comprehensive care facility may not employ an individual in the capacity of geriatric nursing assistant unless the individual has successfully completed a competency evaluation approved by the, Maryland Board of Nursing.*

(3)— (5) (text unchanged)

B. Course Structure. (text unchanged)

[.40 **Curriculum for the Geriatric Nursing Assistant Program.**]

[.41] **.39 *Paid Feeding Assistants.***

A.—.G. (text unchanged)

[.42 **Geriatric Nursing Assistant Program — Competency Evaluation and Registry.**]

[.43 **Medicine Aide — Scope of Responsibility.**]

[.44 **Medicine Adie Course Requirements.**]

[.45] **.40 *Quality Assurance Program.***

A. [By January 1, 2001, each] *Each nursing* facility shall establish an effective quality assurance program that includes components described in this regulation and Regulation [.46] .41 of this chapter.

B.—C. (text unchanged)

(5) A dietitian; [and]

(6) A geriatric nursing assistant of the facility.

D. (1) — (3) (text unchanged)

(4) Submit the quality assurance plan to the Department's Office of Health Care Quality at the time of *initial* application for licensure [or at the time of licensure renewal].

E. (text unchanged)

F. Anyone not on the committee shall be provided a process to present and submit concerns to the committee.

(1) A member of the Resident Council; and

(2) A member of the family Council if there is a family council.

[.46] .41 Quality Assurance Plan.

A. (1)—(2) (text unchanged)

(3) [Patient] *Resident* complaints;

(4)—(5) (text unchanged)

B. — F. (text unchanged)

[.47] .42 Relocation of Residents.

A.—B. (text unchanged)

[.48] .43 Posting of Staffing.

A. —B. (text unchanged)

1. (text unchanged)

2. Name of the charge nurse or person in charge of the unit, and if the person in charge is not a registered nurse, the RN's name responsible for the Unit shall also be posted;

3. (text unchanged)

C. (text unchanged)

D. A record of the posting shall be retained for one year.

[.49] .44 Sanctions.

A. —D. (text unchanged)

[.50] .45 Mandated Staffing Pattern.

A.—E. (text unchanged)

[.51] .46 Civil Money Penalties — Imposition.

A. – F. (text unchanged)

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